FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P93000055498 1. Entity Name 07-16-2002 90356 043 ***550.00 GENE'S MASONRY, INC. Principal Place of Business Mailing Address 868 29TH: AVENUE 868 29TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 868 – 29 868- 29Th Zue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For VERO BEZCH 71 rero Beach 65-0431827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32960 NDIEN RIVER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIDDELL, EUGENE K Street Address (P.O. Box Number is Not Acceptable) 868 29TH AVENUE VERO BEACH FL 32960 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME RIDDELL, EUGENE K NAME STREET ADDRESS 868 29TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition NAME RIDDELL, BONNIE NAME STREET ADDRESS STREET ADDRESS 868 29TH AVENUE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE VP -- to the second of a Delete. ---TITLE ☐ Change ☐ Addition NAME IRWIN. DONALD-NAME STREET ADDRESS STREET ADDRESS 6376 4TH STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.