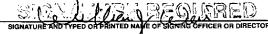
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P94000040494 WEIR'S CUSTOM MASONRY, INC. 01-25-2000 90044 018 ***150.00 Principal Place of Business Mailing Address 2850 NE 10TH AVE 2850 NE 10TH AVE POMPANO BEACH FL 33064-6304 POMPANO BEACH FL 33064 րույնագո . 1 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0494599 Country Country \$8.75 Additional Zip Zip _ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEIR, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2850 NE 10TH AVE POMPANO BEACH FL 33064 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE WEIR, WILLIAM NAME STREET ADDRESS STREET ADDRESS 2850 NE 10TH AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Table. ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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.

SIGNATURE:



Daytime Phone #