## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P94000075146** 1. Entity Name INTERLOCKING BRICK, INC. 04-24-2001 90021 016 \*\*\*150.00 Principal Place of Business Mailing Address 530B 22ND STREET 530B 22ND STREET MARATHON FL 33050 MARATHON FL 33050 643985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0538984 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIGOLA, ALFRED K ESQ. Street Address (P.O. Box Number is Not Acceptable) 5701 OVERSEAS HIGHWAY MARATHON FL 33050 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD PD TITLE Delete TITLE Name XI Change ☐ Addition Bell Janet D. NAME SHOQUIST, JANET STREET ADDRESS C/O 530B 22ND STREET STREET ADDRESS 530 B 22 ST CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Marathon FL 3305D TITLE Delete TITLE Change Addition NAME SHOQUIST, LAWRENCE NAME Bell, Raven STREET ADDRESS STREET ADDRESS 11106 5TH ST. OCEAN 530 B 228T CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Marathon FL 33050 TITLE STD ☐ Delete TITLE Change ☐ Addition NAME LAWLESS, DEBRA NAME STREET ADDRESS STREET ADDRESS C/O 530B 2ND ST. OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \( \sigma \)