

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089511

1. Entity Name
GARCIA MASONRY, INC.

Principal Place of Business
24543 ROCKY RD
BONITA SPRINGS FL 34135

Mailing Address
GARCIA MASONRY, INC
PO BOX 1344
ESTERO FL 33928

2. Principal Place of Business
24543- Rocky Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1344
Suite, Apt. #, etc.

City & State
Bonita Springs, Florida
Zip 34135 Country USA

City & State
Estero, Florida
Zip 33928 Country USA

4. FEI Number 65-0535970

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, GABRIEL
24543 ROCKY RD
BONITA SPRINGS FL 34135

Name Gabriel Garcia
Street Address (P.O. Box Number is Not Acceptable)
24543- Rocky Rd
City Bonita Springs, FL Zip Code 34135

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, GABRIEL	
STREET ADDRESS	24543 ROCKY ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, DIANA	
STREET ADDRESS	24543 ROCKY ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Gabriel Garcia _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90213 011 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)