

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001747

1. Entity Name

OUT ISLAND MASONRY INC

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90007 020 ***158.75

Principal Place of Business

Mailing Address

6810 FRONT STREET
KEY WEST FL 33040

19570 MAYAN ST
SUGARLOAF KEY FL 33042-3143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0548755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNS, LAWRENCE J
19520 TEQUESTA ST.
SUGARLOAF KEY FL 33042

Name

Lawrence J. Burns

Street Address (P.O. Box Number is Not Acceptable)

19570 Mayan St.

City

Sugarloaf Key

FL

Zip Code

33042

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

Signature, typed or printed name of registered agent and title if applicable.

Lawrence J. Burns

(NOTE: Registered Agent signature required when reinstating)

21 APRIL 00

DATE

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, 2000 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 PVP ☐ Delete
NAME BURNS, LAWRENCE
STREET ADDRESS 19570 MAYAN ST
CITY-STATE-ZIP SUGARLOAF KEY FL 33042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ST ☐ Delete
NAME DAY, KATHLEEN M
STREET ADDRESS 632 WILLIAM ST.
CITY-STATE-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Burns

Date

Daytime Phone #

305-745-2380

4-21-00

CR2E034 (9/99)