

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90109 019 ***158.75

DOCUMENT # P95000001747

1. Entity Name
OUT ISLAND MASONRY INC



Principal Place of Business
**6810 FRONT STREET
KEY WEST FL 33040**

Mailing Address
**19570 MAYAN ST
SUGARLOAF KEY FL 33042**

2. Principal Place of Business
6810 Front Street
Suite, Apt. #, etc.

3. Mailing Address
19570 Mayan St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Key West, FL

City & State
Sugarloaf Key, FL

4. FEI Number **65-0548755**

Applied For
Not Applicable

Zip Country
33040 - USA

Zip Country
33042 - USA

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
19570 MAYAN ST.
SUGARLOAF KEY FL 33042**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **ST** ☐ Change ☒ Addition
NAME **Eddins, Melody**
STREET ADDRESS **24927 Hunt Ln**
CITY-ST-ZIP **Summerland Key, FL 33042**

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

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

TITLE **ST** ☐ Delete
NAME **Eddins, Melody M**
STREET ADDRESS **24927 Hunt Ln**
CITY-ST-ZIP **Summerland Key, FL 33042**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melody Eddins **01/14/03 (305) 745-2380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)