

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90073 044 ***150.00

DOCUMENT # P95000022915

1. Entity Name

MINZEY'S SPECIALTY MASONRY, INC.

Principal Place of Business

**1258 BALBOA COURT
 MARCO ISLANDO FL 34145
 US**

Mailing Address

**1258 BALBOA COURT
 MARCO ISLANDO FL 33937**

2. Principal Place of Business

2881 6th Ave S.E.
 Suite, Apt. #, etc.

3. Mailing Address

2881 6th Ave S.E.
 Suite, Apt. #, etc.

City & State

Naples Fl.
 Zip **34117** Country **COLLIER**

City & State

Naples Fl.
 Zip **34117** Country **COLLIER**

4. FEI Number

65-0564140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MINZEY, DORIS E
 1258 BALBOA COURT
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

DORIS E. Minzey
 Street Address (P.O. Box Number, Not Acceptable)
2881 6th Ave S.E.

City

Naples

FL

Zip Code

34117

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINZEY, KENNETH G	
STREET ADDRESS	1258 BALBOA COURT	
CITY-ST-ZIP	MARCO ISLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MINZEY, DORIS E	
STREET ADDRESS	1258 BALBOA COURT	
CITY-ST-ZIP	MARCO ISLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MINZEY, THOMAS A	
STREET ADDRESS	616 104TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MINZEY, KATHRYN M	
STREET ADDRESS	4810 BISCAYNE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MINZEY, ROBERT	
STREET ADDRESS	1208 ROSEMARY LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH G MINZEY	
STREET ADDRESS	2881 6th AVE S.E.	
CITY-ST-ZIP	NAPLES, FL. 34117	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINZEY DORIS E.	
STREET ADDRESS	2881 6th AVE S.E.	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
DORIS E. MINZEY

Date

Daytime Phone #

CR2E034 (9/01)