

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90741 026 ***150.00

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DOCUMENT # P95000044355



1. Entity Name
SWINDEL'S MASONRY, INC.

Principal Place of Business
**7155 EXPORT AVE
COCOA F 32927
US**

Mailing Address
**7155 EXPORT AVE
COCOA FL 32927
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3320923**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWINDEL, JAMES W
7210 EXPORT AVE.
COCOA FL 32927**

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	D	<input type="checkbox"/> Delete
NAME	SWINDEL, JAMES W	
STREET ADDRESS	7155 EXPORT AVE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES SWINDEL	
STREET ADDRESS	7155 EXPORT AVE	
CITY-ST-ZIP	COCOA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURNUTT, JOHN E II	
STREET ADDRESS	6940 COLUMBIA DR	
CITY-ST-ZIP	COCOA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWINDEL, D	
STREET ADDRESS	7155 EXPORT AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTHONY, WEBSTER	
STREET ADDRESS	829 F CHENY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**

X 4-10-03 X 321-638-0396

Date Daytime Phone #

CR2E034 (10/02)