

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000019737**

1. Entity Name

**MCCALL MASONRY, INC.****FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90055 036 \*\*\*150.00

Principal Place of Business

Mailing Address

**4332 WATKINS ST  
PACE FL 32571  
US****4332 WATKINS ST  
PACE FL 32571  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3362798**Applied For  
Not Applicable5. 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

**MATTHEWS, EDELL F JR.  
308 JEFFERSON ST.  
PENSACOLA FL 32501**

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.

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, 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	VD	<input type="checkbox"/> Delete
NAME	MCCALL, WILLIAM D	
STREET ADDRESS	4332 WATKINS ST	
CITY-ST-ZIP	PACE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCALL, LESLIE	
STREET ADDRESS	4332 WATKINS ST	
CITY-ST-ZIP	PACE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	DEZMAN, JAMES R SR.	
STREET ADDRESS	4332 WATKINS ST	
CITY-ST-ZIP	PACE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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:

*James R. Dezman Sr.* **JAMES R. DEZMAN SR.**

Date

**1-26-01 850-995-0935**

Daytime Phone #

CR2E034 (10/00)