

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90037 028 ***150.00

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DOCUMENT # P96000026776

1. Entity Name
DOERING MASONRY, INC.



Principal Place of Business
**225 2ND STREET
ATLANTIC BEACH FL 32233**

Mailing Address
**225 2ND STREET
ATLANTIC BEACH FL 32233**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3372008**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOERING, LARRY
225 SECOND STREET
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name **LARRY M. Doering**

Street Address (P.O. Box Number is Npt Acceptable)
225 2ND Street

City **Atlantic Beach** State **FL** Zip Code **32233**

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 *Larry M Doering* (NOTE: Registered Agent signature required when reinstating) DATE **July 4 2003**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOERING, LARRY MICHAEL	
STREET ADDRESS	325 2ND ST	
CITY-ST-ZIP	ATLANTIC BC	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Larry M Doering* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **July 4 2003** DAYTIME PHONE # **904 241 1278**

CR2E034 (4/03)