

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90284 038 ***158.75

0184047 AV

DOCUMENT # P96000027903

1. Entity Name
TARGET MASONRY, INC.



Principal Place of Business
**1151 NE 1ST AVE
POMPANO BEACH FL 33060**

Mailing Address
**1151 NE 1ST AVE
POMPANO BEACH FL 33060**



2. Principal Place of Business
1945 NW 18th St

3. Mailing Address
1945 NW 18th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY A

BAY A

City & State

City & State

Pompano Beach

Pompano Beach

Zip

Country

Zip

Country

33069 USA

33069 USA

4. FEI Number **65-0649652**

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

7. Name and Address of New Registered Agent

**HAVENS, SUSAN
1151 NE 1ST AVE
POMPANO BEACH FL 33060**

Name **HAVENS, SUSAN**
Street Address (P.O. Box Number is Not Acceptable)
1945 NW 18th St
BAY A
City **Pompano Beach** **FL** Zip Code **33069**

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 *Susan Havens*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-25-03

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** ☐ Delete
NAME **HAVENS, SUSAN**
STREET ADDRESS **1151 NE 1ST AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☒ Change ☐ Addition
NAME **HAVENS, SUSAN**
STREET ADDRESS **1945 NW 18th St BAY A**
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **D** ☐ Delete
NAME **VALLIERES, SHIRLEY**
STREET ADDRESS **1151 NE 1ST AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☒ Change ☐ Addition
NAME **VALLIERES, Shirley**
STREET ADDRESS **1945 NW 18th St BAY A**
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Susan Havens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

Daytime Phone #

CR2E034 (10/02)