

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030996

1. Entity Name

M & E MASONRY, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90010 014 ***150.00

0638671 AV

Principal Place of Business

17222 DANSVILLE DR
SPRINGHILL FL 34610
US

Mailing Address

17222 DANSVILLE DR.
SPRING HILL FL 34610
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3372297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PERRON, EUGENE
17222 DANSVILLE DR.
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

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, 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
NAME PERRON, EUGENE
STREET ADDRESS 17222 DANSVILLE DR.
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE V
NAME PERRON, RICHARD
STREET ADDRESS 7250 LACEY LANE
CITY-ST-ZIP HOMOSASSA FL 34467 ☐ Delete

TITLE ST
NAME PERRON, MARIE
STREET ADDRESS 17222 DANSVILLE DR.
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Marie L. Perron Marie L. Perron

Date

Daytime Phone #

1/4/02 727 8563798

CR2E034 (9/01)