

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90124 031 \*\*\*150.00

**DOCUMENT # P96000048182**

1. Entity Name

**C. B. MASONRY, INC.**

Principal Place of Business

**708 PARK LANE  
 MILTON FL 32570  
 US**

Mailing Address

**708 PARK LANE  
 MILTON FL 32570  
 US**

2. Principal Place of Business

**5372 Park Lane**

Suite, Apt. #, etc.

3. Mailing Address

**5372 Park Lane**

Suite, Apt. #, etc.

City & State

**Milton, Florida**

City & State

**Milton, Florida**

Zip

**32570**

Country

**US**

Zip

**32570**

Country

**US**

4. FEI Number

**59-3381652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMP, JOFFRY L  
 708 PARK LANE  
 MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

**Camp, Joffry L.**

Street Address (P.O. Box Number is Not Acceptable)

**5372 Park Lane**

City

**Milton**

**FL**

Zip Code

**32570**

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]*

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/01**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒

**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

TITLE **P** ☐ Delete  
 NAME **CAMP, JOFFRY L**  
 STREET ADDRESS **708 PARK LANE**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete  
 NAME **BURKE, SCOTT M**  
 STREET ADDRESS **6016-B SEWELL RD**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **CAMP, Joffry L.**  
 STREET ADDRESS **5372 Park Lane**  
 CITY-ST-ZIP **Milton FL 32570**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Burke, Scott M**  
 STREET ADDRESS **1345 Tasma Lane Apt. A**  
 CITY-ST-ZIP **Pensacola FL 32534**

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**

Date

**850-623-1262**

Daytime Phone #

CR2E034 (10/00)