

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 DEC 19 PM 3:37

DOCUMENT # P96000048182

1. Entity Name

C. B. MASONRY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5372 Park Lane

3. Mailing Address

5372 Park Lane

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

DO NOT WRITE IN THIS SPACE

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3381652

Applied For

Not Applicable

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Joffry L. Camp

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

5372 Park Lane

City Milton

FL

Zip Code  
32570

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100025636241  
12/19/03--01044--014 \*\*61.25

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President- Joffry L. Camp  
5372 Park Lane  
Milton, FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director- Jason G. LaBerge  
615 North 46th Avenue  
Pensacola, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director- Timothy L. Lucas  
600 Silvershore Drive  
Pensacola, FL 32507

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joffry L. Camp*

12-16-03

Date

850-293-2170

Daytime Phone #

CH2ES34S (12/02)