2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90373 014 ***150.00

DOCUMENT # P96000048260

1. Entity Name
B&B MASONRY, INC.

Principal Place of Business
4210 linwood ST.
SARASOTA Fl
34232

Mailing Address
4210 linwood ST
SARASOTA, Fl
34232

00055837

2. Principal Place of Business		3. Mailing Address	
4210 linwood ST		4210 linwood ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA Fl		City & State: SARASOTA Fl	
Zip: 34232	Country: USA	Zip: 34232	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677220 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, TERRI L
4210 linwood ST
SARASOTA Fl 34232

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 4210 linwood ST
City: SARASOTA FL Zip Code: 34232

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: Terri L Brooks V.P.
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: BROOKS, MARK E STREET ADDRESS: 4210 linwood ST CITY-ST-ZIP: SARASOTA, Fl 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: BROOKS, TERRI L. STREET ADDRESS: 4210 linwood ST CITY-ST-ZIP: SARASOTA Fl 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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: Mark E Brooks PRE MAY-13 (941-377-0808)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #