## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State P97000052111 DOCUMENT # 1. Entity Name 04-29-2002 90019 043 \*\*\*150.00 BRICK MASONS INC. Mailing Address Principal Place of Business 2241 ST. DUNSTON LANE 2241 ST. DUNSTON LANE MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3452529 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, TOMMY H Street Address (P.O. Box Number is Not Acceptable) 2241 ST. DUNSTON LANE **MELBOURNE FL 32935** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME ADAMS, TOMMY H NAME STREET ADDRESS 2241 ST. DUNSTON LANE STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP **MELBOURNE FL 32935** ☐ Addition Change TITLE ☐ Delete TITLE NAME BLOSSOM, JOHN NAME STREET ADDRESS STREET ADDRESS 914 GOLDEN BCH BLVD CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937 CITY-ST-ZIP ☐ Change Addition TIT) F ☐ Delete TITLE NAME FARMER, PATRICK NAME STREET ADDRESS 1107 STEVEN PATRICK AVE STREET ADDRESS CITY-ST-7IP INDIAN HARBOUR BCH FL 32937 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-15-cZ (321) 254-6184

Daytime Phone #

FILED