

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

FILED
May 27, 2003 8:00 am
Secretary of State

04-29-2003 90069 014 ***150.00

DOCUMENT # P97000058192

1. Entity Name

CASTLE MASONRY inc



DO NOT WRITE IN THIS SPACE

55043767

2. Principal Place of Business

4156 SW 22ST

Suite, Apt. #, etc.

APT A

City & State

Ft Lauderdale FL

3. Mailing Address

4156 SW 22ST

Suite, Apt. #, etc.

APT A

City & State

Ft LAUDERDALE

4. FEI Number

65-0771894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL R. MACKENZIE

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

4156 SW 22 ST

APT A

City

Ft LAUDERDALE

FL

Zip Code --

33317

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Paul R. MACKENZIE
STREET ADDRESS 4156 SW 22ST
CITY-ST-ZIP Ft Lauderdale FL 33317

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**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] Paul Mackenzie 4/24/03 (954) 327-0273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)