


**02-03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 22 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>097 DDDDL63483</b>	
1. Entity Name <b>Westberry Masonry, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>159 Lettie Lane</b>	3. Mailing Address <b>159 Lettie Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Palatka FL</b>	City & State <b>Palatka FL</b>
Zip <b>32177</b>	Country <b>USA</b>

**300016984603**  
04/25/03--01001--034 \*\*300.00

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3461035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Kenneth Westberry</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>159 Lettie Lane</b>	
City <b>Palatka</b>	State <b>FL</b>
Zip <b>32177</b>	

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 **Ken Westberry** **4-4-03**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. Kenneth Westberry 159 Lettie Lane Palatka-FL 32177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Ken Westberry** **4-4-03** **386 3288745**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*2/4/23*

# ATTACHMENT

Trim Bookkeeping & Tax Service, Inc.  
6683 Crill Avenue  
Palatka, Florida 32177  
386-328-4164 Phone  
386-325-0804 Fax

April 4, 2003

Dept. of State  
Div. of Corp.  
P.O. Box 6327  
Tallahassee, Florida 32314

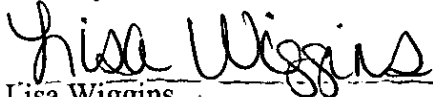
Westberry Masonry, Inc.

159 Lettie Lane  
Palatka, Florida 32177  
P97000063483

To Whom It May Concern:

This letter is to request reinstatement of the above client that I represent. Mr. Westberry came into my office on this date for help in filling out his workers' compensation renewal. I logged onto Dept. of State's web site to obtain his Corp Document number. It was at that time we discovered that his corporation has been dissolved by Dept. of State. The reasoning for this we believe is due to the fact the U.S. Postal Service stopped delivering to a Route and Box address and changed everyone to their physical address. Due to this Mr. Westberry never received his annual report for last year or this year. I've enclosed the amount required for his filing of both years. I'm requesting that you abate the penalty for not filing and reinstate his company. Your assistance will be greatly appreciated in getting this matter resolved.

Thank you,



Lisa Wiggins  
Accountant

LW

cc:file