

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082156

1. Entity Name

CARLTON McDUFFY MASONARY, INC.

Principal Place of Business

7068 MISS MUFFET LN. S.
JACKSONVILLE FL 32210

Mailing Address

7068 MISS MUFFET LN. S.
JACKSONVILLE FL 32210

2. Principal Place of Business

4623 Williamsburg Ave

Suite, Apt. #, etc.

3. Mailing Address

4623 Williamsburg Ave

Suite, Apt. #, etc.

City & State

JAX, 71

City & State

JAX, 71

Zip

32208

Duval

Zip

32208

Country

Duval

4. FEI Number

59-3468097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDUFFY, CARLTON
7068 MISS MUFFET LN. S.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

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 DP
NAME MCDUFFY, CARLTON
STREET ADDRESS 7068 MISS MUFFET LN. S.
CITY-ST-ZIP JACKSONVILLE FL 32210

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Carlton McDuffy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

509-1234

Daytime Phone #

0455716

CR2E034 (10/00)