

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016938

1. Entity Name

REECE MASONRY, INC.

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90034 048 \*\*\*150.00

Principal Place of Business

Mailing Address

4818 REECE RD.  
PLANT CITY FL 33567

4818 REECE RD.  
PLANT CITY FL 33566-7604

2. Principal Place of Business

3. Mailing Address

3531 Wiggins Meadows  
Suite, Apt. #, etc. CT.

3531 Wiggins Meadows  
Suite, Apt. #, etc. CT.



DO NOT WRITE IN THIS SPACE

City & State  
Plant City, FL  
Zip  
33566  
Country  
USA

City & State  
Plant City, FL  
Zip  
33566-7604  
Country  
USA

4. FEI Number 59-3505355

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REECE, LARRY J  
4818 REECE RD.  
PLANT CITY FL 33567

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

3/15/00

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REECE, LARRY J  
4818 REECE RD.  
PLANT CITY FL 33567 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REECE, WESLEY T  
4818 REECE RD.  
PLANT CITY FL 33567 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY J. REECE

Date

Daytime Phone #

3/15/00 (863) 644-0230