

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91593 009 ***150.00

DOCUMENT # *Blaze-Masonry Inc.*
1. Entity Name

Principal Place of Business *2500 SE 8th St*
Pompano Bch. FL.
33062

2. Principal Place of Business *2500 SE 8th St.*

Suite, Apt. #, etc. *Pompano Bch FL.*

City & State *FL*

Zip *33062* Country *Broward*

3. Mailing Address *Same*

Suite, Apt. #, etc. *Same*

City & State *FL*

Zip *33062* Country *Broward*

4. FEI Number *650817-986*

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

6. Name and Address of Current Registered Agent *Gregory C. Blaze*

Name *Gregory C. Blaze*

Street Address (P.O. Box Number is Not Acceptable) *2500 SE 8th St.*

City *Pompano Bch. FL.* Zip Code *33062*

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]* (NOTE: Registered Agent signature required when reinstating) DATE *4-24-01*

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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

TITLE *President* ☐ Delete
NAME *Gregory C. Blaze*
STREET ADDRESS *2500 SE 8th St.*
CITY-ST-ZIP *Pompano Bch. FL. 33062*

TITLE *Donald A. Prunzio President* ☐ Delete
NAME *Donald A. Prunzio*
STREET ADDRESS *105 NW 19th Ter.*
CITY-ST-ZIP *Marietta Fla. 33063*

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *4-24-01* Capture Here *

CR2E034 (1/100)