

FOR PROFT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 18 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

p98 002243
Blaze Masonry Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 SE 8th St

Suite, Apt. #, etc.

Pompano Bch Fla

City & State

3. Mailing Address

2500 SE 8th St

Suite, Apt. #, etc.

Pompano Bch Fla

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0817-486

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gregory B Blace

Street Address (P.O. Box Numbers Not Acceptable)

2500 SE 8th St

Pompano Bch Fla

City

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

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
NAME

STREET ADDRESS

CITY-ST-ZIP

*President
Gregory B Blace
2500 SE 8th St
Pompano Bch Fla*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Same

TITLE

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-4 954-7843582

Date

Daytime Phone #

CR2E034B (12/02)