## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000028986** Aug 10, 2000 8:00 am Secretary of State PERSONAL MASONRY SERVICE, INC. 08-10-2000 90011 009 \*\*\*150.00 Mailing Address Principal Place of Business 19325 WEMBLEY AVE 19325 WEMBLEY AVE ORLANDO FL 32833 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address 3133 S. Washington 3133 S. Washington Are Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3500285 Not Applicable intusville ntosuilla Country Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 2780 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASHLEY, CRAIG Street Address (P.O. Box Number is Not Acceptable) 19325 WEMBLEY AVE Washington Ave ORLANDO FL 32833 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 epplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITI F TITLE Delete LASHLEY, CRAIG NAME NAME 2 3, Wash STREET ADDRESS STREET ADDRESS 19325 WEMBLEY AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32833 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP



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385-9984

Attachment Off 98 0000 28996 DUN 8142

8/8/00

Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

To whom it may concern:

I have received your notice that I have to pay \$550.00 or my corporation will be dissolved. I'did not receive the Ist notice and I hope that I will not have to pay the higher amount. I have a small business and am having economic hardships because the construction industry has slowed down this year and work is scarce for small companies, therefore, I can not afford to pay the higher amount. You will notice that in 1999 I paid my fees in January, and that is typical of me. I pay my bills when I receive them and have good credit. I hope that you will accept my check for \$150.00 as this is what I would have paid if I had received a notice from you in January like I should have. Please contact me if this is not acceptable.

Sincerely,

Craig Lashley

Personal Masonry Service, Inc.

3133 South Washington Ave.

Titusville, Fl. 32780

321-385-9984