

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90046 042 \*\*\*550.00

**DOCUMENT # P98000040323**

1. Entity Name  
**MERCURIO MASONRY INCORPORATED**

Principal Place of Business  
**4785 62ND ST N  
 KENNETH CITY FL 33709**

Mailing Address  
**4785 62ND ST N  
 KENNETH CITY FL 33709**

2. Principal Place of Business  
**4987 72<sup>ND</sup> AVE N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4987 72<sup>ND</sup> AVE N**  
 Suite, Apt. #, etc.

City & State  
**Pinellas Park FL**  
 Zip  
**33781**  
 Country  
**Pinellas**

City & State  
**Pinellas Park FL**  
 Zip  
**33781**  
 Country  
**Pinellas**

4. FEI Number  
**59-3492320**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MERCURIO, MICHAEL  
 4785 62ND ST N  
 KENNETH CITY FL 33709**

**7. Name and Address of New Registered Agent**

Name  
**Michael Mercurio**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4701 88<sup>TH</sup> AVE N APT #214**  
 City  
**Pinellas Park FL** Zip Code  
**33781**

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 **Michael Mercurio**  
 Signature, typed or printed name of registered agent and title if applicable.

**Michael Mercurio**  
 (NOTE: Registered Agent signature required when reinstating)

**8-30-00**  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	V	<input type="checkbox"/> Delete
NAME	SCOTT, WAYNE	
STREET ADDRESS	6901 -59TH WAY N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MERCURIO, ADA	
STREET ADDRESS	4785 -62ND ST N	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-30-00 727-546-5553**  
 Date Daytime Phone #

CR2E034 (5/00)