FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047805

1. Entity Name

ANGUS MASONRY, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

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2. Principal Place of Business	3. Mailing Address
1613 NW 11 Place	1613 N.W 11TH Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL.	City & State: FORT LAUDERDALE, FL.
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. FEI Number: 65-0841641 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANGUS ANTHONY

Street Address (P.O. Box Number is Not Acceptable): 1613 N.W 11TH place

City: FORT LAUDERDALE, FL Zip Code: 3331 1

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] 10/31/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 SRT	
NAME ANTHONY ANGUS	
STREET ADDRESS 1613 N.W 11 PLACE	
CITY-ST-ZIP FORT LAUDERDALE, FL. 33311	
	400024457124
	11/05/03--01067--005 **150.00
	DO NOT WRITE
	IN THIS SPACE

CR2E034B (12/02)

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] 10/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANGUS MASONRY, INC.
1613 NW 11TH PLACE
FORT LAUDERDALE, FL 33311

October 31st, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: Angus Masonry, Inc.
Document#: P98000047805

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

ANGUS ANTHONY

AA/re