

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90279 050 ***150.00

DOCUMENT # P98000052011

1. Entity Name

Grotto Masonry, Inc.



DO NOT WRITE IN THIS SPACE

11032351

2. Principal Place of Business

745 E. Bay Avenue
Suite, Apt. #, etc.

3. Mailing Address

745 E. Bay Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood

City & State

Longwood

4. FEL Number

59-3520422

Applied For

Not Applicable

Zip

FL

Country

32750

Zip

FL

Country

32750

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeff Grotto

Street Address (P.O. Box Number is Not Acceptable)

745 E. Bay Avenue

City

Longwood

FL

Zip Code

32750

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 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 : TSDP
NAME : Grotto, Jeff
STREET ADDRESS : 745 E. Bay Avenue
CITY-ST-ZIP : Longwood, FL 32750

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**DO NOT WRITE
IN THIS SPACE**

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

4-23-03

Date

Daytime Phone #

407 3321367

CR2E034B (12/02)