

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057959

1. Entity Name  
DESIGN MASONRY, INC.

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90045 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8170 SE 32 AVE~~

~~8170 SE 32 AVE~~

~~NAPLES FL 34117~~

~~NAPLES FL 34117~~

1181 MARTINIQUE Ct  
Marco Island, FL

2. Principal Place of Business

3. Mailing Address

Collier County

PO Box 1554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

646215



DO NOT WRITE IN THIS SPACE

City & State

City & State

Marco Island

FLA 34146

4. FEI Number 59-3519528

Applied For

Not Applicable

Zip

Country

Zip

Country

34146

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, MICHAEL E  
3170 SE 32 AVE  
NAPLES FL 34117

Name Michael E Newell

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

1181 MARTINIQUE Ct

City Marco Island

FL

Zip Code

34146

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME NEWELL, MICHAEL E  
STREET ADDRESS 3170 SE 32 AVE  
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

TITLE Michael Newell ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1181 MARTINIQUE Ct  
CITY-ST-ZIP MARCO Island, FL 34146

TITLE VP  
NAME Michael Faulkner ☒ Delete  
STREET ADDRESS Lung Blvd, Naples FL  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

944 641 3812

Daytime Phone #

CR2E034 (10/00)