

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90108 007 ***150.00

DOCUMENT # P98000057959

1. Entity Name
DESIGN MASONRY, INC.



Principal Place of Business
**1181 MARTINIQUE COURT
MARCO ISLAND FL 34146**

Mailing Address
**P O BOX 1554
MARCO ISLAND FL 34146**

2. Principal Place of Business
493 Tallwood ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
A 101

Suite, Apt. #, etc.

City & State
MARCO ISLAND

City & State

Zip
34145

Country
Collier

Zip

Country

4. FEI Number
59-3519528

Applied For
☒ Not Applicable

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
1181 MARTINIQUE COURT
MARCO ISLAND FL 34146**

Name
Michael E Newell

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

A 101

City
MARCO ISLAND FL Zip Code
34145

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

1-6-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEWELL, MICHAEL E
1181 MARTINIQUE CT
MARCO ISLAND FL 34146** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 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

Date

Daytime Phone #

1-6-03 293-641-3812

CR2E034 (10/02)