

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90337 001 ***150.00
 03-14-2002 90337 002 *****8.75

DOCUMENT # P98000083963

1. Entity Name
TUCCI MASONRY, INC.

Principal Place of Business
**8549 HILLCREST DR
 GROVELAND FL 34736**

Mailing Address
**8549 HILLCREST DR
 GROVELAND FL 34736**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3536399**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUCCI, FILMORE (wrong spelling only)
**8549 HILLCREST DR
 GROVELAND FL 34736**

Name **ALEXANDER TUCCI**
 Street Address (P.O. Box Number is Not Acceptable)
7233 GRAY SHADOW CT
 City **ORLANDO** FL Zip Code **32818**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ALEXANDER TUCCI, P 2-27-02

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, 2002 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 **P** ☒ Delete
 NAME **TUCCI, FILMORE**
 STREET ADDRESS **8549 HILLCREST DR**
 CITY-ST-ZIP **GROVELAND FL 34736** **DECEASED**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ALEXANDER TUCCI**
 STREET ADDRESS **7233 GRAY SHADOW CT**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **VP** ☐ Delete
 NAME **TUCCI, ALEX**
 STREET ADDRESS **8549 HILLCREST DR**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **VP, ST** ☒ Change ☐ Addition
 NAME **PHILLIP TUCCI**
 STREET ADDRESS **5207 CHAKANOTOSA CR**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **ST** ☐ Delete
 NAME **TUCCI, PHILLIP**
 STREET ADDRESS **8549 HILLCREST DR**
 CITY-ST-ZIP **GROVELAND FL 34736**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-02 352 243 4229

CR2E034 (9/01)