

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 041 ***150.00

DOCUMENT # P98000085735

1. Entity Name

MASONRY ONE, INC.

Principal Place of Business

**309 ST. LUCIE LANE
 FT. PIERCE FL 34946**

Mailing Address

**309 ST. LUCIE LANE
 FT. PIERCE FL 34946-1813**

710810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

309 ST. LUCIE LANE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL.

City & State

4. FEI Number **52-2134483**

Applied F
 Not Applicable

Zip

34946

Country

USA.

Zip

3

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

**LIGHTLE, ROGER
 309 ST. LUCIE LANE
 FT. PIERCE FL 34946**

Name

ROGER LIGHTLE

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

309 ST. LUCIE LANE

City

FT. PIERCE, FL

FL

Zip Code

34946

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 may
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LIGHTLE, ROGER**
 STREET ADDRESS **309 ST. LUCIE LANE**
 CITY-ST-ZIP **FT. PIERCE FL 34946**

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

TITLE **V. P.** ☐ Delete
 NAME **FISCHER SCOTT**
 STREET ADDRESS **523 4TH AVE. S.W.**
 CITY-ST-ZIP **VERO BEACH, FL 34962**

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

TITLE ☐ Delete
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

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

TITLE ☐ Change ☐
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
 Date

561-461-5570
 Daytime Phone #