

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90005 039 ***550.00

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

2. Principal Place of Business

309 ST. LUCIE LANE
 *Suite, Apt. #, etc.

3. Mailing Address

309 ST. LUCIE LANE
 Suite, Apt. #, etc.

City & State

FT. PIERCE, FL. 34946

City & State

FT. PIERCE, FL

Zip

Country

FL 34946

Zip

Country

34946

U.S.A.

4. FEI Number

52-2134483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roger Lightle

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

(NOTE: Registered Agent signature required when reinstating)

8/21/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LIGHTLE, ROGER	
STREET ADDRESS	309 ST. LUCIE LANE	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISCHER, SCOTT	
STREET ADDRESS	523 4TH PL SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (4/02)

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

8/21/02 772-473-

Date

Daytime Phone