

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90061 024 ***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**

2. Principal Place of Business

5050 FAIRWAYS CIRCLE 208 SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

SAME

City & State

VERO BEACH

City & State

SAME

Zip

Country

USA

Zip

Country

4. FEI Number

52-2134483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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)

5050 FAIRWAYS CIRCLE #208

City

VERO BEACH

FL

Zip Code

32967

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

(NOTE: Registered Agent signature required when reinstating)

4/16/03
DATE

**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

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **FISCHER, SCOTT**
CITY-ST-ZIP **523 4TH PL SW
VERO BEACH FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

DATE

772-475-2507

DAYTIME PHONE #

CR2E034 (10/02)