

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006885

1. Entity Name

ROLAND STONE MASONRY CO.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90069 010 ***150.00

Principal Place of Business

Mailing Address

215 SOUTHWEST 2ND AVENUE
DANIA BEACH FL 33004

215 SOUTHWEST 2ND AVENUE
DANIA BEACH FL 32750-5531

2. Principal Place of Business

3. Mailing Address

476 REIDER AVE

476 REIDER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Country

Zip

Country

32750 USA

32750 USA

4. FEI Number

Applied For

68-0889225

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SUSAN BEAUPARLANT

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

476 REIDER AVE

City

LONGWOOD

FL

Zip Code

32750

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.

SUSAN BEAUPARLANT

(NOTE: Registered Agent signature required when reinstating)

1/5/2000

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BEAUPARLANT, SUSAN
215 SOUTHWEST 2ND AVENUE
DANIA BEACH FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SUSAN BEAUPARLANT
476 REIDER AVE
LONGWOOD FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

SUSAN BEAUPARLANT 2/29/00 407-8340917

Date

Daytime Phone #

CR2E014 (9/98)