

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90017 011 ***150.00

DOCUMENT # P99000010642

1. Entity Name

SEMINOLE MASONRY, INC.

Principal Place of Business

Mailing Address

**107 LILLIE POND POINT
 CHULDOTA FL 32766**

**107 LILLIE POND POINT
 CHULDOTA FL 32766**



2. Principal Place of Business

3. Mailing Address

950 N. Central Ave

950 N. Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

Suite 3

City & State

City & State

OVIEDO, Florida

OVIEDO, Florida

Zip

Country

Zip

Country

32765

USA.

32765

USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3567153

Applied For

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

**HODGES, JAMES H
 107 LILLIE POND POINT
 CHULUOTA FL 32766**

Name

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

950 N. Central Ave

Suite 3

City

OVIEDO

FL

Zip Code

32765

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)

James H. Hodges 1/8/02

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 \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
HODGES, JAMES H
107 LILLIE POND POINT
CHULUOTA FL 32766 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
HODGES, MAGIE
107 LILLIE POND POINT
CHULUOTA FL 32766 ☐ Delete

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

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 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

James H. Hodges 1/8/02

Date

Daytime Phone #

407-991-2464

CR2E034 (9/01)