

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90089 042 ***550.00

DOCUMENT # P99000010642

1. Entity Name
SEMINOLE MASONRY, INC.



Principal Place of Business
**950 N CENTRAL AVENUE
STE 3
OVIEDO FL 32765**

Mailing Address
**950 N CENTRAL AVENUE
STE 3
OVIEDO FL 32765**

2. Principal Place of Business

1726 W. BROADWAY ST.

Suite, Apt. #, etc.

3. Mailing Address

1726 W. BROADWAY ST.

Suite, Apt. #, etc.

City & State

OVIEDO FL

Zip

32765

Country

U.S.

City & State

OVIEDO FL

Zip

32765

Country

U.S.

4. FEI Number **59-3567153**

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

**HODGES, JAMES H
STE 3 950 CENTRAL AVE
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name
JAMES HODGES
Street Address (P.O. Box Number is Not Acceptable)
1726 W. BROADWAY STREET
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-26-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

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

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 **JAMES HODGES**
STREET ADDRESS **850 SEMINOLE WOODS BLVD.**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Change ☐ Addition
NAME **MAGIE HODGES**
STREET ADDRESS **850 SEMINOLE WOODS BLVD.**
CITY-ST-ZIP **GENEVA, FL 32732**

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

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

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

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

8-26-03

407-971-2464

Date

Daytime Phone #

CR2E034 (4/03)