## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

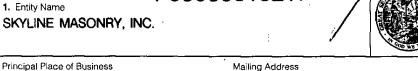
DOCUMENT # P99000016217

1. Entity Name

City & State

2in

SKYLINE MASONRY, INC.



2950 SW 124 AVENUE 2950 SW 124 AVENUE DAVIE FL 33330 DAVIE FL 33330 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

tered agent and title if applicable.

Aug 22, 2003 8:00 am Secretary of State

08-22-2003 90103 019 \*\*\*550.00



DATE

65-0899724

Trust Fund Contribution.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERMAN, GLENN 2950 SW 124 AVENUE	₩arne
	Street Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33330	
	City FL Zip Code

Country

8. The above named entity submits the 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 agen

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing

4. FEI Number

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

10. OFFICERS AND DIRECTORS 11. 🏑 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition GERMAN, GLENN NAME NAME 2950 SW 124 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE DAVIE FL 33330 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ier like empowered

SIGNATURE: