

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90160 029 ***150.00

DOCUMENT # P99000018440

1. Entity Name
WALTER MCDANIEL MASONRY, INC.



Principal Place of Business
**27141 EDGEWOOD STREET
BONITA SPRINGS FL 34135**

Mailing Address
**27141 EDGEWOOD STREET
BONITA SPRINGS FL 34135**



2. Principal Place of Business

26200 MORTON AVE

Suite, Apt. #, etc.

Bonita Springs, FL

City & State

3. Mailing Address

26200 MORTON AVE

Suite, Apt. #, etc.

Bonita Springs, FL

City & State

Zip

34135

Country

Lee

Zip

34135

Country

Lee

4. FEI Number **65-0909956**

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

**MCDANIEL, WALTER
27141 EDGEWOOD STREET
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **McDaniel, WALTER**
Street Address (P.O. Box Number is Not Acceptable)
26200 MORTON AVE
City **Bonita Springs** FL Zip Code **34135**

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

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 **PSTD**
NAME **MCDANIEL, WALTER** ☐ Delete
STREET ADDRESS **27141 EDGEWOOD STREET**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PSTD** ☒ Change ☐ Addition
NAME **McDaniel, Walter**
STREET ADDRESS **26200 MORTON AVE**
CITY-ST-ZIP **Bonita Springs, FL 34135**

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

TITLE ☐ Change ☐ Addition
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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: **Walter McDaniel** **WALTER McDaniel** 3-17-03 239-992-0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)