

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022324

1. Entity Name
OLD CITY MASONRY INC.

R

Principal Place of Business
60 LEMON ST
ST AUGUSTINE FL 32084

Mailing Address
60 LEMON ST
ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

60 Lemon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Augustine, Fla

City & State
St Augustine, Fla

4. FEI Number
59-356-3328

Applied For
Not Applicable

Zip Country
32084 St Johns

Zip Country
32084 St Johns

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

BEAUMARCHAIS, THOMAS R
60 LEMON ST
ST AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME BEAUMARCHAIS, THOMAS R
STREET ADDRESS 60 LEMON ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE Secretary
NAME Beaumarchais, Barbara
STREET ADDRESS 60 Lemon St.
CITY-ST-ZIP St. Augustine, Fla 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-11-00

Date

204-825-8965

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

00000100

P9900022324

Old City Masonry, Inc.
60 Lemon Street
St. Augustine, FL 32084
904-825-0965

ADD 08/16/00
150.00

07-12-00

To whom it may concern -
Hello -

My name is Thomas Beaumarchais my
corporation name is Old City Masonry Inc.
60 Lemon St St Augustine, Fla - We became
Inc. in ^{March} 1999. We did not receive the
first UBR report - I did not know I was
supposed to file this - until I just
received this one so I called your office
and they told me to write this letter
stating I did not receive the 1st notice
and to send a check for \$150.00 to the Div. of
Corp. I assure you, now that I know this -
it will not happen again.

Thank you for your time -
Thomas Beaumarchais
Don F