

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90122 049 ***150.00

DOCUMENT # P99000022324

1. Entity Name
OLD CITY MASONRY INC.

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

60 Lemon St

Suite, Apt. #, etc.

3. Mailing Address

60 Lemon St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, Fla.

City & State

St. Augustine, Fla.

4. FEI Number **59-3563328**

Applied For

Not Applicable

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BEAUMARCHAIS, THOMAS R
 60 LEMON ST
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

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 \$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

TITLE **P** ☐ Delete
 NAME **BEAUMARCHAIS, THOMAS R**
 STREET ADDRESS **60 LEMON ST**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **VP** ☐ Delete
 NAME **BEAUMARCHAIS, BARBARA**
 STREET ADDRESS **60 LEMON STREET**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 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:

Barbara Beaumarchais
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-02 904 825-0965

CR2E034 (9/01)