

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

01111110  
 AV

03-11-2002 90029 041 \*\*\*158.75

**DOCUMENT # P99000033480**

1. Entity Name  
**CICERO MASONRY, INC.**

Principal Place of Business      Mailing Address  
**262 CARSWELL AVE**                      **262 CARSWELL AVE**  
**HOLLY HILL FL 32117**                      **HOLLY HILL FL 32117**

2. Principal Place of Business      3. Mailing Address  
**SAME**                                      **SAME**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
 Zip    Zip    Country                                      Country

4. FEI Number      Applied For  
**59-3566835**                              Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CICERO, JOHN M**  
**311 FLETCHER AVENUE**  
**DAYTONA BEACH FL 32114**

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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CICERO, JOHN</b>	
STREET ADDRESS	<b>311 FLETCHER AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HYDER, SHARON</b>	
STREET ADDRESS	<b>311 FLETCHER AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LYNCH, MELVIN</b>	
STREET ADDRESS	<b>1768 VALENCIA AVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/02**      **386-254-7503**  
 Date    Daytime Phone #

CR2E034 (9/01)