

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055724

1. Entity Name - DOUG'S MASONRY, INC.

DOUG'S MASONRY, INC.  
138 11TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90221 046 \*\*\*150.00

Principal Place of Business

Mailing Address

11TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250

138 11TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250-6528

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583-1-1

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARIN, DEBORAH  
138 11TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250

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, 2000 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 P  
NAME HACKBARTH, DOUGLAS BRIAN  
STREET ADDRESS 138 11TH AVE. SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE ST  
NAME CREAMER, DARREN  
STREET ADDRESS 560 VALDERIA DRIVE  
CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE Vice President  
NAME Clinton Frederick Rowe Jr.  
STREET ADDRESS 138 11th Ave S.  
CITY-ST-ZIP Jax Beach, Florida 32250 ☐ Change ☒ Addition

TITLE V  
NAME PITTS, RICHARD  
STREET ADDRESS 118-1/2 13TH AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ Delete

TITLE Secretary  
NAME Eric Guy Marsteller  
STREET ADDRESS 6222 Riviera Manor Dr.  
CITY-ST-ZIP Jax, Florida 32216 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Deborah Marin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-2000  
904-270-1030

CR2E034 (9/99)