

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

091900

DOCUMENT # P99000055724
1. Entity Name Doug's Masonry Inc.

FILED

00 SEP 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

moved New address
Principal Place of Business 1328 2nd St. South
Jax. Beach, Florida 32250
Mailing Address Same

2. Principal Place of Business Same as above
3. Mailing Address Same as above

Suite, Apt. #, etc.

City & State

Zip Country USA

4. FFI Number 59-3583111
Certificate of Status Desired Please send certified copy \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Deborah Marin
1328 2nd St. South
Jax. Beach, FL 32250

7. Name and Address of New Registered Agent

Name Same
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 Deborah Marin owner
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 9-16-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	Vice President	Clinton Powell	moved - not known	<input checked="" type="checkbox"/> Delete
TITLE	Secretary Treasurer	Eric Marsteller	not known	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	Alfred Upshaw	219 E 15th St. Jax. FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Secretary Treasurer	Kary Clair	5040 Arrowsmith Rd. Jax FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 owner
Signature and typed or printed name of signing officer or director
Date 9-16-00
Daytime Phone # 904-270-1030

CR2E034 (5/00)