

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000056993**1. Entity Name
MICHAEL DEAL MASONRY, INC.**Principal Place of Business**9075 SEMINOLE BLVD.
SUITE A
SEMINOLE
33772

FL

Mailing Address9075 SEMINOLE BLVD.
SUITE A
SEMINOLE
33772

FL

2. Principal Place of Business

3303 72ND STREET NORTH

3. Mailing Address

P.O. BOX 40128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

4. FEI Number**59-3583076**

Applied For

Not Applicable

Zip
33710

Country

Zip
33743

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****WRIGHT ALICIA D**
3303 72ND STREET N.**ST. PETERSBURG**
33710

US

FL

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 _____ **04/27/2001**

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GLENN DEAL MICHAEL	
STREET ADDRESS	3303 72ND STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES LWARENCE R	
STREET ADDRESS	2830 SUMMERDALE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAL GARY W	
STREET ADDRESS	3495 JODI WEST DRIVE	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAROKA JOSEPH M	
STREET ADDRESS	3306 72ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL MICHAEL G	
STREET ADDRESS	3303 72ND STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Michael G. Deal

Pres

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)