

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90184 034 ***150.00

DOCUMENT # P99000103370

1. Entity Name

SPECIALTY MASONRY AND BRICK, INC.

Principal Place of Business

**4294 NE 7 AVE
 OAKLAND PARK FL 33304
 US**

Mailing Address

**120 CONCORD DRIVE
 CASSELBERRY FL 32707
 US**

27473

2. Principal Place of Business

1792 NE 19th St

Suite, Apt. #, etc.

3. Mailing Address

1792 NE 19th St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FL - Lauderdale, FL

Zip **33305**

Country

Broward

City & State

FL - Lauderdale, FL

Zip **33305**

Country

Broward

4. FEI Number **APPLIED FOR**

59-3632311

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 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 **V** ☐ Delete

NAME **DEARDEN, MILES**
 STREET ADDRESS **531 MELROSE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **ST** ☐ Delete

NAME **CONYBEAR, DAN**
 STREET ADDRESS **579 HARDWOOD PLACE**
 CITY-ST-ZIP **LAKE MARY FL 32748**

TITLE **P** ☐ Delete

NAME **SHEPPARD, KAREN**
 STREET ADDRESS **1792 NE 19 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 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

TITLE ☐ Change ☐ Addition

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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:

Karen Sheppard **Karen Sheppard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

954-410-8931

Daytime Phone #

CR2E034 (10/00)