

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108038

1. Entity Name

ARTHUR L. ERB MASONRY, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90067 013 \*\*\*150.00

Principal Place of Business

Mailing Address

7470 SYLINE DRIVE  
DELRAY BEACH FL 33446

7470 SYLINE DRIVE  
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

7470 Skyline Dr.

7470 Skyline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL 33446

4. FEI Number

65-096-8355

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA

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

LEVINE & SEGAL, P.A.  
4300 N. UNIVERSITY DRIVE  
SUITE A-106  
FORT LAUDERDALE FL 33351

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

954-645-3329

Daytime Phone #

CR2E034 (9/99)