

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108038

1. Entity Name  
ARTHUR L. ERB MASONRY, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90004 009 \*\*\*150.00

Principal Place of Business  
7470 SYLINE DRIVE  
DELRAY BEACH FL 33446

Mailing Address  
7470 SYLINE DRIVE  
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7470 Skyline Drive  
Suite, Apt. #, etc.

3. Mailing Address  
7470 Skyline Dr.  
Suite, Apt. #, etc.

City & State  
Delray Bch FL  
Zip  
33446  
Country  
USA

City & State  
Delray Bch FL  
Zip  
33446  
Country  
USA

4. FEI Number 65-0968355  
Applied For  
Not Applicable

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 & SEGAUL, 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 document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE No Change = Same as Above DATE

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ERB, ARTHUR	
STREET ADDRESS	7470 SKYLINE DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arthur L. Erb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/25/01 954-695-3329  
Date Daytime Phone #

CR2E034 (10/00)