## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## S17005 **DOCUMENT #**

1. Entity Name

J F A MASONRY, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90161 013 \*\*\*150.00

Principal Place of Business 2653 S.C.R. 419 CHULUOTA FL 32766 US			Mailing Address 2653 S.C.R. 419 CHULUOTA FL 32766 US										
2. Principal	Place of Busin	ness	3. Mailing Address										
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Sta	ate		City & State					4. FEI Number 59-3040519 Applied For					
Zip Country			Zip Count			ntry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Register	ed Agent		Т		7 1	Name and Address of New Regis			ea	
ASTROLO	ogo, gerd					Name		<u>····</u>	Tame and Address or New Regis	tered Ag	jent	·	
2653 S	COUNTRY F			Street Add			ress (P.	ss (P.O. Box Number is Not Acceptable)					
OVIEDO I	FL 32766										**		
						City			VI	FL	Zip Cod		
tilo obliga	e named entity tions of regist	submits this statement fo ered agent.	r the purp	ose of changing its	register	ed office or re	gistered	d age	ent, or both, in the State of Florida.	I am far	niliar with	and accept	
signature		The second secon	- 4 - 21 - 22									<u> </u>	
		or printed frame of registered agent a	and title if app	Micable. (NOTE	: Registere	d Agent signature r	equired w	hen re	instating)	DATE			
Afte	r May 1, 200	FEE 18 \$150.00 Fee will be \$550.00 Florida Department of	. 04-4-				,	ĺ	Election Campaign Financi  Trust Fund Contribution.	ng 🗆		00 May Be	
	rayable to					_			macri and contribution.		Adde	U IO Fees	
10.	LOTE	OFFICERS AND	DIRECTO	<del></del>	11.			AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11	
TITLE VAME STREET ADDRESS CITY-ST-ZIP		GO, JOHN F. OUNTRY RD 419 - 32766		☐ Delete		I				. `[	Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	VSD ASTROLOG 2653 S C OVIEDO FI	GO, GERDA* DUNTRY RD 419 . 32766	·	☐ Delete	TITLE NAMI STRE	-					] Change	☐ Addition	
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TLE AME TREET ADDRESS TY-ST-ZIP			·	□ Delete				•			] Change	Addition	
	ertify that the	nformation supplied with t	his filing o	does not qualify for t			n Sectio	 on 11	19.07(3)(i), Florida Statutes, Lfurths	er certify	that the in	formation	

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 10 or Block 11 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