

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90072 011 ***150.00

DOCUMENT # S26517

1. Entity Name

EDWARDS MASONRY, INC.

Principal Place of Business

Mailing Address

4802 NORTH 30TH STREET
TAMPA FL 33610

4802 NORTH 30TH STREET
TAMPA FL 33610-6329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3048712

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

THOMPSON, OLGA
13416 BELLINGHAM DR
TAMPA FL 33625

Name

Cislyn Lightbourn

Street Address (P.O. Box Number is Not Acceptable)

28821 Stormcloud PASS

City

Wesley Chapel FL

Zip Code

33543

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

Cislyn Lightbourn

4/14/00

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, 2000 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	VTD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RODERICK	
STREET ADDRESS	13416 BELLINGHAM DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, OLGA	
STREET ADDRESS	13416 BELLINGHAM DR	
CITY-ST-ZIP	TAMPA FL 33625	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PUT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE Edwards	
STREET ADDRESS	4802 N. 30th ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cislyn Lightbourn	
STREET ADDRESS	28821 Stormcloud PASS	
CITY-ST-ZIP	Wesley Chapel FL 33543	
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		
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:

Cislyn Lightbourn

Date

4/14/00

Daytime Phone #

(813)

239-3405

CF 1:034 (9/99)