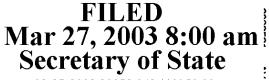
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S67890 **DOCUMENT #** 1. Entity Name DAVID SAYNE MASONRY INC.



03-27-2003 90073 048 ***150.00

DAVID SATIAL MASCINAT, 140.											
Principal Place of Business 2608 SEDGEFIELD AVE. DELTONA FL 32725 US		Mailing Address 2608 SEDGEFIELD AVE. DELTONA FL 32725 US									
2. Principal Place of Business			3. Mailing Address				i (30 1)410 ii 6 0)41 1 400 , (0)46 ii				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\exists	☐ CHECK HERE	IF MAKING	CHANGES		
City & State		City	City & State				FEI Number 59-307632 4		——	oplied For	
Zip Country		Zip	Zip Coun			5.	Certificate of Status Desired	SQ 75 Additional			
	6. Name and Address of Current	Registere	ed Agent			7.	Name and Address of New I				
		<u></u>	<u> </u>		Name				<u>-</u>		
SAYNE, DAVID S.				Street Address			(P.O. Box Number is Not Acceptable)				
2608 SEDGEFIELD AVE.					Street Addre	355 (F.O. I	BOX NUMBER IS NOT Acceptable	3 <i>)</i>			
DELTONA	FL 32725										
					City			FL	Zip Code	е	
8. The above	named entity submits this statement f	or the purp	ose of changing its r	egistere	ed office or reg	istered ag	gent, or both, in the State of FI	orida. I am fai	miliar with,	and accept	
the obligat	tions of registered agent.										
SIGNATURE .			•								
SIGNATORE.	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE:	Registered	d Agent signature rec	quired when I	reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	of State					9. Election Campaign Fi Trust Fund Contribution			0 May Be I to Fees	
10.	OFFICERS AND DIRECTORS			11.		Αί		FICERS AND D	DIRECTORS	S IN 11	
TITLE	DP	- Dill 12010	□ Delete	TITLE	:		201110110701111102010101		☐ Change	Addition	
NAME STREET ADDRESS	SAYNE, DAVID S. 2608 SEDGEFIELD AVE.		Outdoo	NAMI	1			·	_		
CITY-ST-ZIP	DELTONA FL			1	-ST-ZIP						
TITLE NAME STREET ADDRESS	ST SAYNE, MARGARET A. 2608 SEDGEFIELD AVE.		☐ Delete	4	E Et address				☐ Change	Addition	
CITY-ST-ZIP TITLE	DELTONA FL V		☐ Delete	CITY-	-ST-ZIP				☐ Change	☐ Addition	
NAME	SAYNE, BRADY M.			NAMI	E						
STREET_ADDRESS_	-3125-HOLIDAY-ST		۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔		ET_ADDRESS	ــــــــــــــــــــــــــــــــــــــ	بتب ويتوستسرن مرسد			,	
CITY-ST-ZIP	DELTONA FL 32738			CITY-	-ST-ZIP						
TITLE '			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAMI	E Et address						
CITY-ST-ZIP					-ST-ZIP					ļ.	
TITLE			☐ Delete	TITLE	:				☐ Change	Addition	
NAME		•		NAME	E					ļ	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY-	-ST-ZIP						
TITLE			☐ Delete	TITLE				,	Change	☐ Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					1	
UIIT-81-ZIP	<u> </u>			CHY	-01=ZIF						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.