2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$93586

1. Entity Name

KENNETH LORD MASONRY, INC.

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90059 001 ***450.00

Principal Plac	ce of Business	Mailing Address								
01 NW 53 CT T LAUDERDA		931 NW 53 CT FT LAUDERDALE FL 3330	09-31 0 6					7//		
2. Principal Place of Business		3. Mailing Address			\dashv					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	4. FEI Number 65-0320439 Applied For				
Zip	Country	Zip	Zip Count		5. (Not Applicable 8.75 Additional	
	A Desistant disease	<u> </u>	, -		Fee Required Name and Address of New Registered Agent					
	6. Name and Address of Curren	t Hegisterea Agent		Name		Name and Address of New Registr	erea Ag	ent		
LORD, KENNETH				Street Address (P.O. Box Number is Not Acceptable)						
931	NW 53 CT			Street Addres	SS (P.O. B	ox Number is Not Acceptable)				
FT LAUDERDALE FL 33309				City			FL	Zip Code		
						·	<u> </u>	L		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After MAY 1, 2000 Fee						10. Election Campaign Financin Trust Fund Contribution.	DATE g	\$5.0	0 May Be	
	ria on back)	Make Check Paya	ble to Do	epartment of S		DITIONS/CHANGES TO OFFICERS				
11. IITLE	OFFICERS AN	D Delete	TITL		AU	DITIONS/CHANGES TO OFFICERS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LORD, KENNETH 931 NW 53 CT FT LAUDERDALE FL 33309	L_1 Delete	NAM STRE	I				Ostange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete		1		. ~] Change	☐ Addition	
ITLE HAME TREET ADDRESS HTY-ST-ZIP		Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ſ				Change	Addition	
ITLE IAME TREET ADDRESS		☐ Delete		l l				Change	Addition	

13. I hereby certify that the information supplied with this filling 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: