

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91034 018 \*\*\*150.00

**DOCUMENT # V51135**

1. Entity Name  
**K.R. MASONRY, INC.**



Principal Place of Business  
**1945 STATE ROAD 16  
ST AUGUSTINE FL 32084  
US**

Mailing Address  
**P. O. BOX 4483  
ST AUGUSTINE FL 32084  
US**

2. Principal Place of Business  
**106 Marshall Circle**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Augustine FL**

City & State

4. FEI Number  
**59-3134127**

Applied For  
Not Applicable

Zip  
**32086**

Country  
**US**

Zip  
**32085**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**LYNDA SANDERS  
103 W ST JOHN AVENUE  
HASTINGS FL 32145**

## 7. Name and Address of New Registered Agent

Name  
**Kenneth L. Robshaw**

Street Address (P.O. Box Number is Not Acceptable)  
**106 Marshall Circle**

**St. Augustine**

City  
**St. Augustine**

FL

Zip Code  
**32085**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
**D** ☐ Delete  
NAME  
**ROBshaw, KENNETH LEE**  
STREET ADDRESS  
**1945 STATE RD 16**  
CITY-ST-ZIP  
**SAINT AUGUSTINE FL 32084**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
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NAME  
  
STREET ADDRESS  
  
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CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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

TITLE  
☒ Change ☐ Addition  
NAME  
**106 Marshall Circle**  
STREET ADDRESS  
**St. Augustine FL 32086**  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03**

Date

**904-794-1601**

Daytime Phone #

CR2E034 (10/02)