

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90031 043 ***150.00

DOCUMENT # 219963



1. Entity Name
A. MCBRIDE CONCRETE AND MASONRY, INC.

Principal Place of Business
**6210 44TH ST. N.
PINELLAS PARK FL 33781**

Mailing Address
**6210 44TH ST. N.
PINELLAS PARK FL 33781**



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 **59-0866118**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCBRIDE, GERALD T

~~**4035 39TH AVENUE, NORTH
ST. PETERSBURG FL 33708**~~

**555 5TH AVE NE
33701**

Name

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

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PSD			<input type="checkbox"/>
	MCBRIDE, GERALD T			
	4035 39TH AVENUE, NORTH			
	ST. PETERSBURG FL			
	V			<input type="checkbox"/>
	MCBRIDE, MITCHELL T.			
	14533 KANDI COURT N			
	LARGO FL			
	V			<input type="checkbox"/>
	MCBRIDE, MARK T.			
	13810 OAK FOREST BLVD,N			
	SEMINOLE FL			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		555 5TH AVE NE			
		33701			
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
			33774		
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
			33776		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Director Gerald T. MCBride

1-7-03

727-527-6677

Date

Daytime Phone #

CR2E034 (10/02)