

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # 766137

1. Entity Name
 PRECAST CONCRETE STRUCTURES ASSOCIATION OF FLORIDA, IN
 C.

Principal Place of Business 16521 SAN CARLOS BLVD SUITE H FT MYERS 33908 US	FL	Mailing Address P.O. BOX 08669 FT MYERS 339080669 US	FL
--	----	--	----

2. Principal Place of Business 6710 WINKLER ROAD	3. Mailing Address 6710 WINKLER ROAD
---	---

Suite, Apt. #, etc. SUITE 8	Suite, Apt. #, etc. SUITE 8
--------------------------------	--------------------------------

City & State FT MYERS FL	City & State FT MYERS FL
-----------------------------	-----------------------------

Zip 33919	Country US	Zip 33919	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-2415781	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGEE, FRED L.
16521 SAN CARLOS BLVD
SUITE H
FT MYERS FL
33908 US

7. Name and Address of New Registered Agent

Name
MCGEE, FRED L.
Street Address (P.O. Box Number is Not Acceptable)
6710 WINKLER ROAD
SUITE 8
City
FT MYERS FL Zip Code
33919

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 _____ DATE **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARD WILLIAM 2140 PONDELLA RD N FORT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCGEE FRED 16521 SAN CARLOS BLVD, SUITE H FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER WAYNE P.O. BOX 369 N/A DELAND FL 32721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARABIAN EDWARD 8351 N.W. 93RD STREET MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOTTS GREG 23902 COUNTRY HWY 561 ASTATULA FL 34705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **FRED MCGEE** M 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)