2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURÉ AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 28, 2000 8:00 am DOCUMENT # **G80055** 1. Entity Name **Secretary of State** DE WITT CUSTOM CONCRETE, INC. 03-28-2000 90011 049 ***158.75 Principal Place of Business Mailing Address 2721 FORSYTH ROAD #163 2721 FORSYTH ROAD #163 WINTER PARK FL 32807-6201 WINTER PARK FL 32792 3. Mailing Address 677 N. Goldenrod Road 2. Principal Place of Business 677 N. Goldenrod Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2358398 Orlando, Florida Florida Orlando, Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired \mathbf{k} 32807 32807 Orange Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DeWitt, Cleo L. DEWITT, CLEO L Street Address (P.O. Box Number is Not Acceptable) 677 N. Goldenrod Road 2721 FORSYTH RD SUITE 163 WINTER PARK FL 32792 Zip Code 32807 Orlando FL 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 03/22/00 Cleo L. DeWitt, Jr., President SIGNATURE (NOTE: Registered Agent signature required when reinstating) ignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE DE WITT, JR., CLEO L. NAME NAME 680 SCOTT ROAD STREET ADDRESS STREET ADDRESS GENEVA FL 32732 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ---- Delete ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 1 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 of the corporation or the receiver or trustee empowered to execute this report as repo