

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90036 005 ***150.00

DOCUMENT # H90061

1. Entity Name

VEST CONCRETE CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1935 SW 3RD AVE
 OKEECHOBEE FL 34974
 US

1935 SW 3RD AVE
 OKEECHOBEE FL 34974-6150
 US

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 **59-2619171**

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

7. Name and Address of New Registered Agent

VEST, RICHARD R.
1935 SW 3RD AVE
OKEECHOBEE FL 34974

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **VEST, RICHARD R.**
 STREET ADDRESS **1935 SW 3RD AVE**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **PRESIDENT** Change Addition
 NAME **VEST, JEFFREY D.**
 STREET ADDRESS **1366 SW 18th Terrace**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **V** Delete
 NAME **VEST, JEFFREY D.**
 STREET ADDRESS **1366 SW 18TH TERR**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **V** Change Addition
 NAME **VEST, MARGARET, ELLEN**
 STREET ADDRESS **1366 S.W. 18th Terrace**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER & SEC.** Change Addition
 NAME **VEST, RICHARD, R**
 STREET ADDRESS **1935 SW 3rd AVE**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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. 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: *Ellen Vest*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEN VEST **4-29-00** **863-763-3720**
 Date Daytime Phone #

CR2E034 (9/99)