

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90070 005 \*\*\*150.00

9121

**DOCUMENT # H90061**

1. Entity Name

**VEST CONCRETE CONTRACTORS, INC.**

Principal Place of Business

1935 SW 3RD AVE  
 OKEECHOBEE FL 34974  
 US

Mailing Address

1935 SW 3RD AVE  
 OKEECHOBEE FL 34974  
 US

**B0043897**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1366 S W 18<sup>th</sup> Terr

3. Mailing Address

1366 S.W. 18<sup>th</sup> Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

59-2619171

Applied For

Not Applicable

Zip

Country

34974 US

Zip

Country

34974 US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

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

(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, 2001 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	<input type="checkbox"/> Delete
NAME	VEST, JEFFREY D	
STREET ADDRESS	1366 SW 18TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TS	<input type="checkbox"/> Delete
NAME	VEST, RICHARD R	
STREET ADDRESS	1935 SW 3RD AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	V	<input type="checkbox"/> Delete
NAME	VEST MARGARET, ELLEN	
STREET ADDRESS	1366 SW 18TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *x Ellen Vest*

*Ellen Vest*

4-27-01

863763-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)