

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90121 046 ***150.00

DOCUMENT # L75151

1. Entity Name

JIM'S CONCRETE OF BREVARD, INC.

Principal Place of Business

Mailing Address

C/O JAMES J. JACOBSEN
 6869 PHILLIPS PARKWAY DR. S
 JACKSONVILLE FL 32256
 US

C/O JAMES J. JACOBSEN
 6869 PHILLIPS PARKWAY DR. S
 JACKSONVILLE FL 32256-1567
 US

2. Principal Place of Business

6929 Phillips Parkway Dr. S

3. Mailing Address

6929 Phillips Parkway Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3018005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSEN, JAMES J
 6869 PHILLIPS PARKWAY DR.,S
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: JAMES JACOBSEN
 Street Address (P.O. Box Number is Not Acceptable): 6929 Phillips Parkway Dr., S.
 City: JACKSONVILLE FL Zip Code: 32256

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

JAMES JACOBSEN, President 1-10-00

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: PDST Delete
 NAME: JACOBSEN, JAMES
 STREET ADDRESS: 172 CATTAIL CIRCLE
 CITY-ST-ZIP: JACKSONVILLE FL 32259

TITLE: VP Change Addition
 NAME: Charles G. Johnson
 STREET ADDRESS: 708 Putters Greenway
 CITY-ST-ZIP: JACKSONVILLE, FL 32259

TITLE: VP Delete
 NAME: JACOBSEN, LISA
 STREET ADDRESS: 172 CATTAIL CIRCLE
 CITY-ST-ZIP: JACKSONVILLE FL 32259

TITLE: VP Change Addition
 NAME: Bobby Washington
 STREET ADDRESS: 3643 Haverwood Dr.
 CITY-ST-ZIP: Middleburg, FL 32068

TITLE: VP Delete
 NAME: SCHROEDEL, MICHAEL
 STREET ADDRESS: 11073 ASHFORD GABLE PLACE
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE: VP Change Addition
 NAME: JAY St. Louis
 STREET ADDRESS: 155 NE 2nd Street
 CITY-ST-ZIP: Satellite Beach, FL 32937

TITLE: VP Delete
 NAME: ARRINGTON, DANNY
 STREET ADDRESS: 2735 MPBO, OTU AVE
 CITY-ST-ZIP: MELBOURNE FL 32904

TITLE: Board of Directors Change Addition
 NAME: Jeffrey Phelps
 STREET ADDRESS: 181 Emerson Dr. NW
 CITY-ST-ZIP: Palm Bay, FL 32907

TITLE: VP Delete
 NAME: JACOBSEN, HARRY O
 STREET ADDRESS: 1541 SUNSET DRIVE
 CITY-ST-ZIP: JACKSONVILLE BAACH FL 32250

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES JACOBSEN
 President

1-10-00 904 886-4743
 Date Daytime Phone #