

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0194997 AV

04-18-2003 90456 019 \*\*\*150.00

**DOCUMENT # P01000007395**



1. Entity Name  
**AKT CONCRETE CUTTING, INC.**

Principal Place of Business  
**18312 103RD TRAIL S  
BOCA RATON FL 33498**

Mailing Address  
**6321 NW 77 TERR  
PARKLAND FL 33067**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-1070026** Applied For  
Not Applicable

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**

**GAUMER, KENNETH P JR  
6321 NW 77 TERR  
PARKLAND FL 33067**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD ROUSSELOT, ANDRE 18312 103RD TRAIL S BOCA RATON FL 33498</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GAUMER, KENNETH P JR 6321, NW 77 TERR PARKLAND FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kenneth P. Gaumer, Jr.* **USE REQUIRED** *Kenneth P. Gaumer, Jr. 4/15/03 561-239-3613*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Co-President** Date Daytime Phone #

CR2E034 (10/02)