## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P01000015192 **DOCUMENT #**



FILED Mar 21, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP LARGO FL 33777    Delete	1. Entity Nar GEMSTC	NE CONCRETE COATIN	GS, INC.		03-21-2003 901 28 0	45 ***150.	00	
Suite, Apt. #. etc.   Suite   Suite, Apt. #. etc.   Chy & State   Chy &	7000 BRYAN	DAIRY RD.	7000 BRYAN DAIRY RD.		<u>.</u>			
City & State  Country  Country  S. Certificate of Status Desired  S. City S. Certificate of Status Desired Desired  S. City S. Certificate of Status Desired  S. City S. Certificate o	2. Principal F	Place of Business	3. Mailing Address					
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City   City   City   State   City   City   State   City   City   State   City   Ci	Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ CHECK HERE IE MAKIN	IG CHANGES		
S. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  VON-FOF, JAMES R 7000 BRYAN DARRY RD.  LARGO FL 33777  City FL Zip Code  6. 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 registering agents.  SIGNATURE  FILE NOW!!! -FEE IS 5150.00 After May 1, 2603 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILLE  NOWE  STREET ADDRESS  OTH-51-2P  VONHOF, JAMES R  ODERS  OTH-51-2P  VONHOF, JAMES R  ORD BRYAN DARRY RD.  LARGO FL 33777  Detele  ITLE  NAME  STREET ADDRESS  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-51-2P  OTH-51-2P  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-51-2P  OTH-51-2P  OTH-51-2P  OTH-51-2P  OTH-51-2P  OTH-51-2P  TILLE  NAME  STREET ADDRESS  OTH-51-2P  OTH-	City & State		City & State		A CCINI who	mber <b>59-3699866</b> Applied For		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Country	5. Certificate of Status Desired  \$8.75 Additional		ditional	
VONHOF, JAMES R 7000 BRYAN DAIRY RD.  LARGO FL 33777  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 colligations of registered septemble.  FILE NOW!!! -FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Chack Payable to Florida Department of State  10.		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		~14466		Name				
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 legister.    Signature				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
B. 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   Segmators	LARGO F	L 33777						
Into Bodingstions of registering Legistric Bodingstions (NOTE Registrator) Date of Registric Bodingstions of Registric Bodingstions (NOTE Registrator) Date of Reg				City	FI	Zip Cod	le	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS CITY-ST-2IP  TITLE  NAME  STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	SIGNATURE .	Signature, type or printed name of registered ac	enf				and accept	
TITLE   NAME   Change   Addition   Additio	After	May 1, 2003 Fee will be \$550.0	of State			\$5.0 Added	May Be to Fees	
TITLE   NAME	10.	OFFICERS AI	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	NAME STREET ADORESS	VONHOF, JAMES R 7000 BRYAN DAIRY RD.	☐ Delete	NAME STREET ADDRESS		<del>-</del>	Addition	
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NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  1. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		-	Addition	

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:** 

Date

Daytime Phone #