

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

04-01-2002 90053 008 ****150.00
P01000119625

DOCUMENT # P01000119625

1. Entity Name
RB CONCRETE SERVICES, INC.

FILED

02 JUN 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
827 CRESTVIEW AVE.
LAKELAND FL 33815

Mailing Address
827 CRESTVIEW AVE.
LAKELAND FL 33815

2. Principal Place of Business
4719 Cork Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 630
Suite, Apt. #, etc.

City & State
Plant City, FL
Zip 33565 County

City & State
Dover, FL
Zip 33527 County

4. FEI Number
59-3760047

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
~~RODRIGUEZ-GENARO~~
827 CRESTVIEW AVE.
LAKELAND FL 33815

7. Name and Address of New Registered Agent
Name: ~~GENARO RODRIGUEZ~~
Street Address (P.O. Box Number is Not Acceptable):
4719 CORK RD
City: PLANT CITY FL Zip Code: 33565

9. 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:
Date: 03/21/02

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Genaro Rodriquez <input type="checkbox"/> Delete P.O. BOX 630 Dover, FL 33527 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (9/01)