

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90099 031 ***150.00

DOCUMENT # P94000037572



1. Entity Name
THE CONCRETE, STEEL, AND GLASS COMPANY

Principal Place of Business
**2701 ROCKY POINT DRIVE
SUITE 178
TAMPA FL 33607
US**

Mailing Address
**P.O. BOX 8517
CLEARWATER FL 33758
US**

0JUL1410



2. Principal Place of Business
14770 A 62nd Street North

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

4. FEI Number **59-3243097** Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **33760** Country **USA**

Zip Country

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

**VENCKUS, CAROL
3200 COVE CAY DRIVE
5-A
CLEARWATER FL 33760**

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	V VENCKUS, LEONARD S. 3200 COVE CAY DRIVE, #5A CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENCKUS, CAROL M. 3200 COVE CAY DRIVE, #5A CLEARWATER FL 33760	<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

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: VENCKUS, CAROL M. **SIGNATURE REQUIRED** JAN. 13, 2003 727-599-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)