

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90065 034 ***150.00

DOCUMENT # P94000045211

1. Entity Name
NIAGARA CONCRETE PLACING CO., INC.

Principal Place of Business

8100 PARK BLVD

#8-B

PINELLAS PARK FL 34665

Mailing Address

8100 PARK BLVD

#8-B

PINELLAS PARK FL 34665

2. Principal Place of Business

8100 PARK BLVD

Suite, Apt. #, etc.

21

3. Mailing Address

8100 PARK BLVD

Suite, Apt. #, etc.

21

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

Zip

33781

Country

PINELLAS

Zip

33781

Country

PINELLAS

4. FEI Number

59-3234681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORCUTT, GERALD E

124 90TH AVE

TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

GERALD E ORCUTT

Street Address (P.O. Box Number is Not Acceptable)

141 121ST AVE

City

TREASURE ISLAND FL

Zip Code

33706

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

2-12-02

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, 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 **P** ☐ Delete
 NAME **ORCUTT, GERALD E**
 STREET ADDRESS **124 90 AVENUE**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **ORCUTT, GERALD E.**
 STREET ADDRESS **141 121ST AVE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-02 727-544-1127

CR2E034 (9/01)