

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90046 032 \*\*\*150.00

**DOCUMENT # P96000015402**

1. Entity Name  
**SUN DECK CONCRETE PUMPING, INC.**

Principal Place of Business 5030 CHAMPION BLVD..SUITE 6-230 BOCA RATON FL 33496	Mailing Address 5030 CHAMPION BLVD..SUITE 6-230 BOCA RATON FL 33496-2473
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0638716**      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

**DAVID, JOHN MARK**  
**5030 CHAMPION BLVD.,SUITE 6-230**  
**BOCA RATON FL 33496**

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.

SIGNATURE *MDD*      DATE 3-1-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DAVID, JOHN MARK</b> <b>5030 CHAMPION BLVD.,SUITE 6-230</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP (Vice President)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVID, JOHN MARK</b> <b>5030 Champion Blvd., Suite 6-230</b> <b>Boca Raton, FL.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>DEGEN, STEPHEN JAMES</b> <b>5811 S.W. 5811 S.W. 36TH ST.</b> <b>FT. LAUDERDALE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>GONZALEZ, JUAN</b> <b>4923 RABBIT HOLLOW DR</b> <b>BOCA RATON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>DAVID, JULIE</b> <b>17769 WOODVIEW TERR</b> <b>BOCA RATON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S (Secretary)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Julie David</b> <b>17769 Woodview Terr.</b> <b>Boca Raton FL.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD (TREASURER)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARIE HUMMEL</b> <b>3812 S. Lancewood Place,</b> <b>Delray Beach, FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: *Julie David*      DATE: 2-1-2000      DAYTIME PHONE: 561-330-2442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)