

# 2001 UNIFORM BUSINESS REPORT (UBR)

07-20-2001 90007 013 \*\*\*550.00  
P96000079114

DOCUMENT # P96000079114

1. Entity Name

CONCRETE CUTTING SERVICE, INC.

Principal Place of Business

9838 LEAHY ROAD  
JACKSONVILLE FL 32246

Mailing Address

9851 TIFFANY AVENUE  
JACKSONVILLE FL 32246

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

59-3404969

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

JOHNSON, KEITH H  
8810 GOODBY'S EXECUTIVE DRIVE  
SUITE A  
JACKSONVILLE FL 32217

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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          | DP                      | <input type="checkbox"/> Delete            |
| NAME           | WINTERS, MICHELLE M     |                                            |
| STREET ADDRESS | 9851 TIFFANY AVE        |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32246   |                                            |
| TITLE          | DVP                     | <input type="checkbox"/> Delete            |
| NAME           | WINTERS, RODNEY         |                                            |
| STREET ADDRESS | 9851 TIFFANY AVE        |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32246   |                                            |
| TITLE          | ST                      | <input checked="" type="checkbox"/> Delete |
| NAME           | POPE, JEFFERY           |                                            |
| STREET ADDRESS | 1882 BURKHOLDER CIR, W. |                                            |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216   |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Michelle M. Winters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

Date

904 645-7363

Daytime Phone #

CR2E034 (5/01)

78

FILED  
01 AUG -8 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA