2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🚅

FILED DOCUMENT # V24149 May 05, 2000 8:00 am Secretary of State FLORIDA CONCRETE RECYCLING, INC. 05-05-2000 90076 012 ***158.75 Principal Place of Business Mailing Address 930 S.W. 3RD STREET 930 S.W. 3RD STREET GAINESVILLE FL 32601-7934 GAINESVILLE EL 32601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3112783 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENFROE, TIMOTHY SCOTT Street Address (P.O. Box Number is Not Acceptable) 7921 S.W. 122 STREET **GAINESVILLE FL 32608** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME RENFROE, TIMOTHY S. STREET ADDRESS STREET ADDRESS 7921 S.W. 122 STREET CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** Addition ☐ Delete Change TITLE NAME RENFROE, JULIAN NATHAN NAME STREET ADDRESS STREET ADDRESS 18428 S.W. 75TH AVENUE CITY ST. ZIP CITY-ST-ZIP ARCHER FL Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 医抗性脓性病 化 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-21-00