@@@ UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2000 8:00 an DCUMENT # **242793** ntity Name Secretary of State C. BUCHANAN CONCRETE, INC. 03-16-2000 90099 005 ***150.00 . just Place of Business Mailing Address H C BUCHANAN HUNDR 1410 ATLANTA AVE ATLANTA AVE 641000140 ORLANDO FLA 32806-3917 .__ FL 32806 3. Mailing Address rincipal Place of Business Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State my & State 59-0912962 Not Applicable Country Country \$8.75 Additional 5., Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUCHANAN, H. C., JR. Street Address (P.O. Box Number is Not Acceptable) 8520 BILLINGSHURST PL ORLANDO FL 32825 Zip Code FL above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ee criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition □ Delete TITLE BUCHANAN, CHARLES P. NAME vuunnedd 5311 LONE PINE ROAD STREET ADDRESS CITY-ST-ZIP Zţp ORLANDO FL Change ☐ Addition ☐ Delete TITLE BUCHANAN, H. C. JR. NAME 8520 BILLINGSHURST PL STREET ADDRESS ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition CLAYBORN, ROBERT A. NAME 13551 BRISTLECONE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL STD ☐ Change Addition Delete TITLE BUCHANAN, OLLIE H. NAME 8508 GRINSTEAD CT STREET ADDRESS ORLANDO FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE ROTENBERGER, DAVID M III 2745 AMSDEN ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 710 Linguistify 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 "Line 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 the corporation or the receiver or trustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if mystef, or on an attachment with an address, with an other like empowered.