

FILED

03 JUN -2 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100020320831
06/02/03--01095--002 **61.25

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 306739					
1. Entity Name COLORCRETE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 414 FAIRLANE AVE. ORLANDO, FL 32809			Mailing Address 414 FAIRLANE AVE. ORLANDO, FL 32809		
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 59-1144286	
				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:		
MIMS, WILLIAM L JR. 320 N MAGNOLIA AVE SUITE A-9 ORLANDO, FL 32801			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reissuing) DATE _____					
FILE NOW! (FEE IS \$150.00) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DAWSON, JAMES C		NAME		
STREET ADDRESS	414 FAIRLANE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BRINK, JAMES		NAME		
STREET ADDRESS	414 FAIRLANE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	FRISCO, BRIAN		NAME		
STREET ADDRESS	414 FAIRLANE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	James K. Dawson		NAME		
STREET ADDRESS	414 Fairlane Avenue		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809	☐ Delete	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James C Dawson</u>			Date: <u>5/30/03</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E034 (1/02)

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