## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 588802 CONCRETE & SUPPLY, INC			Mar 15, 2000 8:00 and Secretary of State 03-15-2000 90139 008 ***150.00	m
Principal Place of Business  1151 AZALEA GARDEN ROAD NORFOLK VA 23501		Mailing Address 1151 AZALEA GARDEN ROAD NORFOLK VA 23501			
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State				4. FEI Number 59-1858015 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	aule
1201	6. Name and Address of Current PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301-2525	negistereu Agent	Name Street Address City	7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable)  FL Zip Code	
SIGNATURE .  9. This corpo Tax filing r	Signature, typed or printed name of registered agent.  Orațion is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	and title if applicable (NOTE)  FILE NOW!  After MAY 1, 20	E Registered Agent signature requirements III FEE IS \$150.00 00 Fee will be \$550.00 ble to Department of S	00 Trust Fund Contribution Added to Fees	
11. THILE NAME STREET ADDRESS CITY-SI-ZIP	PCEO CARR, JOHN D 1151 AZALEA GARDEN ROAD NORFOLK VA 23501	DIRECTORS Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	noifit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FUQUA, ROBERT E 1151 AZALEA GARDEN ROAD NORFOLK VA 23501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	noitib
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, HARDY B 1151 AZALEA GARDEN ROAD NORFOLK VA 23501	│ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FINK, RUSSELL A 1151 AZALEA GARDEN ROAD NORFOLK VA 23501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLE, CHRISTINE E 1151 AZALEA GARDEN ROAD NORFOLK VA 23501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adi	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	noitic

13. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000

157 858 6500

Daytime Phone #