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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2001 8:00 am Secretary of State **DOCUMENT # 702258** 1. Entity Name 09-05-2001 90004 045 ****70.00 FLORIDA CONCRETE PIPE INSTITUTE, INC. Principal Place of Business Mailing Address 3030 DADE AVENUE ORLANDO FL 32804 3030 DADE AVENUE ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-0938017 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE JESUS, ANGEL Street Address (P.O. Box Number is Not Acceptable) 3030 DADE AVENUE ORLANDO FL 32804 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete (5/01) TITLE TITLE ROMANO, DAVE NAME NAME 3030 DADE AVENUE STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE Jesus, Angel DE JESUS, ANGEL NAME NAME 3030 Dade Avenue STREET ADDRESS P.O. BOX 607008 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32860-7008 CITY-ST-7IP orlands, FL 32804 TITLE DC Delete TITLE ___ Change Addition Forsman, Eric 3030 Dade Avenne HILTON, SIDNEY R NAME NAME STREET ADDRESS 801 MCCUE RD STREET ADDRESS orlando, FL 32804 CITY-ST-ZIP LAKELAND FL 33815 CITY-ST-ZIP Change TITLE VCD ☐ Delete TITLE ☐ Addition CRAIG, RON 3030 Dade Avenue CRAIG, RON NAME NAME STREET ADDRESS 3030 DADE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP 3 2804 Orlands; TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addr