

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 027 ***150.00

DOCUMENT # *F 00000001632*

1. Entity Name
EverCrete of Middle America, INC

DO NOT WRITE IN THIS SPACE

036674

2. Principal Place of Business
3471 Hwy 496
Suite, Apt. #, etc.

3. Mailing Address
3471 Hwy 496
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Meridian, MS
Zip
39301
Country
Lauderdale

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Meridian, MS
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4. FEI Number
64-0901748
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GENA BURN
Street Address (P.O. Box Number is Not Acceptable)
4554 Jasper Ct
City
Tallahassee FL Zip Code
32309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Patsy C Flowers 3471 Hwy 496 Meridian, MS 39301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Executive Vice Pres. Arnold D Flowers 3471 Hwy 496 Meridian, MS 39301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice Pres. Fla Services GENA BURN 4554 Jasper Ct Tallahassee, FL 32309</i>
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IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patsy C. Flowers* *4/11/02* *6016324651*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)