2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000005258

1. Entity Name

PIPE & PILING CONCRETE U.S.A. CO.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90110 032 ***150.00

				W. W. F. M.		
Principal Place of Business % PIPE & PILING SUPPLIES LTD. 5025 RAMSAY STREET. ST-HUBERT. QUEBEC CANADA J3Y-2S3		Mailing Address % PIPE & PILING SUPPLIES LTD. 5025 RAMSAY STREET, ST-HUBERT, OUEBEC CANADA J3Y-2S3				
2. Principal Place of Business		3. Mailing Address		- 1 1401144 1211 08114 80121 08114 40121 86221 86221 86221 -		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		 -	4. FEI Number 98-0233554	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered	Agent
				Name		
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number Is Not Acceptable)		
1201 HAYS STREET				Sileet Address (F	P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525						
				City	FL	Zip Code
8. The above	named entity submits this statement fillions of registered agent.	or the purpose of char	iging its register	ed office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept
the obligat	nons or registered agent.					
SIGNATURE .	Signature, typed or printed name of registered agen	Name of the State	NOTE B. L.			
		t and title if applicable.	(NOTE: Registere	d Agent signature required	when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE	PSTD	☐ Dele	te TITLE			☐ Change ☐ Addition
NAME	DYM, JACK		NAM	E		
STREET ADDRESS 5205 RAMSAY STREET, ST-HUBERT, QUEBEC				ET ADDRESS		
CITY-ST-ZIP	CANADA J3Y-2S3	·	CITY	-ST-ZIP		
TITLE		☐ Dele				☐ Change ☐ Addition
NAME STREET ADDRESS			NAMI			
CITY-ST-ZIP				ET ADDRESS		
				-ST-ZIP		
TITLE NAME	. · · 	Dele	~~	•	روح الاموا والمسوار والاراد مراف سوال	Change Addition
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TITLE		☐ Delet			_	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	I		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		
	ertify that the information supplied with	a thin filing class and		ST-ZIP	140 07(0V) Flact I 2	

12. Thereby 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 of it ustee 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 the address, with all other like empowered.

SIGNATURE:

IGNATURE AN TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 14/2003

450-445-0050

Daytime Phone #