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**FILED** 

Jan 14, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

## **DOCUMENT #** F03829 **Secretary of State** 01-14-2002 90002 026 \*\*\*150.00 RICE'S CONCRETE PUMPING SERVICE INC. Principal Place of Business Mailing Address P.O. BOX 1063 P.O. BOX 1063 DEERFIELD BCH FL 33443 DEERFIELD BCH FL 33443 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2041925 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES, RICE, JR Street Address (P.O. Box Number is Not Acceptable) -1173 SW 1ST TERRACE DEERFIELD BEACH FL 39441 1232 SE 11 Avenue 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. SIGNATURE \_ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICE, JAMES SR. NAME 1406 BEVERLY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHELBY NC CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME RICE, JAMES JR 1232 SE 11 Avenue. Decrticid Boh. Florida 3344 STREET ADDRESS STREET ADDRESS 1173 SW-1 TERRACE DEERFIELD BCH FL 39441 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.