## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am Secretary of State DOCUMENT # **F56703** 05-24-2001 90004 044 \*\*\*550.00 SUPERIOR SHOTCRETE SERVICE, INC. Principal Place of Business Mailing Address % PAMELA M. LYNN % PAMELA M. LYNN ត្រប្រែប 12601 SW 8TH AVENUE 12601 SW 8TH AVENUE OCALA FL 34476 OCALA FL 34476 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-2166370 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired, 3447,3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYNN, PAMELA M Street Address (P.O. Box Number is Not Acceptable) 12601S S.W. 8TH AVENUE OCALA FL 34476 Zip Code 344 City 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 Signature, typed or printed name of registered agent and title if applicable (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, 20( 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payab 3 to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Thange ☐ Addition ☐ Delete TITLE TITLE LYNN, DOUGLAS W NAME NAME STREET ADDRESS 12601 SW 8TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LYNN, STEPHEN D NAME 12601 SW 8TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Addition Change ☐ Delete 1:TLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

indicated on this report or supplemental report is true and accurate and that most of the corporation or the receiver or trustee empowered to execute this report a 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. 13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that m

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5-24-01

Change

Addition