2000 INIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9700004122  1. Entity Name  ULTIMATE CONCRETE RESURFACING SYSTEMS, INC.					Sí	FILE ECRETARY I	D OF STATE		
					SECRETARY OF STATE				
Deinainal Dias	a of Duniana	Mailing Address			00	0 OCT 16	PM 12: 33		
Principal Place									
230 RESERVE APLES 51 341		6017 PINE RIDGE RD 224							
		NAPLES FL 34119-3956 US					#410 8811 81881 :	41 <b>610</b> 14 <b>0</b> 11	. 1484 1481
2. Principal Place of Business 16 3. Mailing Address									
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Suite, Apt.	#, etc. 	Suite, Apt. #, etc	24	ME	i Chi:		IN THIS SPACE	-	entero
City & State	eds FL	City & State	FL	4.	FEI Number	65-0772350		<del></del>	lied For Applicable
3390	1 0 .	34119	Country	<b>4</b> 5.	. Certificate of S	Status Desired		<b>5</b> Addit equired	
	6. Name and Address of Current R	egistered Agent		7.	Name and Add	dress of New Rec	istered Agent		
			Nar	me					
CANDREVA, MIKE 6017 PINE RIDGE RD #224 -NAPLES FL 34119				eet Address (P.O.	Box Number is	Not Acceptable)	104		
	$\sim$	_	City	NADI	IFS		FL 갤	Code	~
3. The above	named entity submits this statement for	The purpose of changing its re	l eaistered offi	ce or registered a	agent, or both, in	n the State of Flori	da.	7/	05
. The above	1 / / / / / / / / / / / / / / / / / / /		ogiotoroa o	vo or rogizioros a	-gam, or 2000,		1	0-	_
SIGNATURE .	/ Jaffeld	plalle					0-12.	$\sim$	<u>&gt;</u>
	Signature, typed or printed name of registered egent an	title if applicable. (NOTE: I	Registered Agent	signature required when	n reinstating)	•	DATE		=
9. This corporation is eligible to satisfy its Intagrate Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee					1	in Campaign Finar	· —	\$5.00 Added t	May Be
(See criter	ia on back)	Make Check Payable			irus()	una Contribution.		40000 1	O r ces
11.	OFFICERS AND D		12.	<u>A</u>	ADDITIONS/CH	ANGES TO OFFIC			_
TITLE	CANDDEVA MIKE	☐ Delete	TITLE	ĺ				-	☐ Addition
NAME STREET ADDRESS	CANDREVA, MIKE <del>6230 RESERVE CIR. #704</del> →		NAME STREET ADDI	RESS 437	5 DOV	IEL C9 FL. 3	- #104	l	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	NAT	765	FL. 3	4105		
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NAME			NAME	.	31	ວດດຸດຊຸ	44Uは /000101	1 -55° 70	
STREET ADDRESS	4		STREET ADD			-10/25 *****7	/00010 50.00 **	{ ローニ( を出来で)	50.00
CITY-ST-ZIP		_	CITY-ST-ZIF	'		4.4.4.4.1			
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птье	<del></del>	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Ch	iange	☐ Addition
NAME			NAME				•		
STREET ADDRESS			STREET ADDR	<b>I</b>					
CITY-ST-ZIP	·		CITY-ST-ZIP	<u> </u>					
13. I hereby of indicated of the corchanged,	eritify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, y	bis filing does not qualify for true and accurate and that my vered to execute the report a that other like empowered.	he exemption eigheture sl s required by	n stated in Section hall have the same Chapter 607, Flo	n 119.07(3)(i), F le legal effect as orida Statutes; a	lorida Statutes. I f if made under oa nd that my name :	urther certify that th; that I am an c appears in Block	t the info officer o	ormation or director Block 12 if