2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-21-2003 91096 001 ***300.00

DOCUMENT # G69491

1. Entity Name
EASTERN PORTLAND CEMENT CORP.

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401	1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6700-4 DANIELS PARKWAY Suite, Apt. #, etc.	6700-4 DANIELS PARKWAY Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33912 Country: LEE	Zip: 33912 Country: LEE

4. FEI Number 59-1167232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSON, LARRY 1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable): 6700-4 DANIELS PARKWAY City: FORT MYERS FL Zip Code: 33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Larry S Benson LARRY S BENSON 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB SCHWAB, J A 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 6700-4 DANIELS PARKWAY FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHWAB, DAVID A 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 6700-4 DANIELS PARKWAY FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHWAB, DONNA L 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 6700-4 DANIELS PARKWAY FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHWAB, MARY LYNN 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 6700-4 DANIELS PARKWAY FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/03 239-561-7053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #