

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90163 037 ***150.00

DOCUMENT # **G93956**

1. Entity Name
MICHIGAN CONCRETE, INC.



Principal Place of Business
**4310 WALLACE RD
LAKELAND FL 33813
US**

Mailing Address
**4310 WALLACE RD
LAKELAND FL 33813
US**



2. Principal Place of Business

533 S. Combee Rd
Suite, Apt. #, etc.
2

3. Mailing Address

PO Box 2530
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lakeland FL

City & State
Eaton Park FL

4. FEI Number **59-2401320**

Applied For
 Not Applicable

Zip
33801

Country
Polk

Zip
33840

Country
Polk

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

**SAWOSCINSKI, ALAN C
4310 WALLACE RD
LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Alan Sawoscinski

2-3-03

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: **PD** Delete
NAME: **SAWOSCINSKI, ALAN C.**
STREET ADDRESS: **29 BASS STREET**
CITY-ST-ZIP: **HAINES CITY FL**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **VD** Delete
NAME: **SAWOSCINSKI, WALTER A.**
STREET ADDRESS: **11020 TEN OAKS DR.,**
CITY-ST-ZIP: **HUDSON FL**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
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CITY-ST-ZIP: Delete

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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:

Alan Sawoscinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03 863-660-9290
Date Daytime Phone #

CR2E034 (10/02)