

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name Concrete Culvert Supply Inc H21136		 UBR Amended 03 JUL -7 AM 8:46 1.25	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 19474 Doris Ln Suite, Apt. #, etc.		3. Mailing Address 19474 Doris Ln Suite, Apt. #, etc.	
City & State N. Ft. Myers, FL Zip 33917		City & State N. Ft. Myers, FL Zip 33917	
Country Lee		Country Lee	
4. FEI Number 59-2454442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name Joseph H. Baker Jr. Street Address (P.O. Box Number is Not Acceptable) 19474 Doris Ln City N. Ft. Myers FL Zip Code 33917	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	19474 Doris Ln	STREET ADDRESS	19474 Doris Ln
CITY-ST-ZIP	N. Ft. Myers, FL 33917	CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	Vice Pres.	TITLE	NAME
STREET ADDRESS	Joseph H. Baker III	STREET ADDRESS	19474 Doris Ln
CITY-ST-ZIP	N. Ft. Myers, FL 33917	CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	Secretary	TITLE	NAME
STREET ADDRESS	Tammy Baker	STREET ADDRESS	19474 Doris Ln
CITY-ST-ZIP	N. Ft. Myers, FL 33917	CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	Director	TITLE	NAME
STREET ADDRESS	Joshua T. Baker	STREET ADDRESS	19474 Doris Ln
CITY-ST-ZIP	N. Ft. Myers, FL 33917	CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Joseph H. Baker Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

CR2E034B (12/02)

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