

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90065 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H32250

1. Entity Name
TARPON VAULT AND CONCRETE SPECIALTIES, INC.

Principal Place of Business 1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688	Mailing Address 1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688-0417 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2463425	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WORKER, EDITH W
1502 SAVANNAH AVE
TARPON SPRINGS FL 34688

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> Delete
NAME	WORKER, GEORGE W.	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	P	<input type="checkbox"/> Delete
NAME	WORKER, EDITH D.	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WORKER, ROBERT CHARLES	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ed Worker **ED. WORKER** **3.22.00** **727-934.6165**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)