

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01533

1. Entity Name

COMMERCIAL CONCRETE RESTORATIONS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90072 044 ***550.00

Principal Place of Business

2338 IMMOKALEE RD
SUITE 151
NAPLES FL 34110
US

Mailing Address

2338 IMOKALEE RD
SUITE 151
NAPLES FL 34110-1445
US

2. Principal Place of Business

2430 Vanderbilt Beach Road

3. Mailing Address

2430 Vanderbilt Beach Road

Suite, Apt. #, etc.

Suite 108, #170

Suite, Apt. #, etc.

Suite 108, #170

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2748261

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, IRVING
3338 CERRITO COURT
NAPLES FL 34109

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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	ST	<input type="checkbox"/> Delete
NAME	SANDERS, IRVING	
STREET ADDRESS	3338 CERRITO COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDER, IRVING	
STREET ADDRESS	3338 CERRITO COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERMAN, MAUREEN	
STREET ADDRESS	3338 CERRITO COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORD, DEBORAH	
STREET ADDRESS	580 SPRINGVIEW DR	
CITY-ST-ZIP	PICKERING ON	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEEL, TRAYCE	
STREET ADDRESS	2338 IMMOKALEE RD., #151	
CITY-ST-ZIP	NAPLES FL	
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	
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	
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: Maureen E. Pierman 4/1/2000 (941) 514-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)