

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J60180

1. Entity Name

S.A.W. CONCRETE AND CONSTRUCTION INCORPORATED

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90057 003 \*\*\*150.00

Principal Place of Business

Mailing Address

8222 WILES ROAD  
SUITE 189  
CORAL SPRINGS FL 33067  
US

8222 WILES RD  
SUITE 189  
CORAL SPRINGS FL 33067-1900  
US

2. Principal Place of Business

4314 NW 70 LANE

3. Mailing Address

4314 NW 70 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

59-2778703

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

GORE, GEORGENE M.  
3000 NORTH FEDERAL HIGHWAY  
POST OFFICE BOX 5828  
FORT LAUDERDALE FL 33310

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete

NAME STANFORD, ROBERT VAN JR.  
STREET ADDRESS 3151 RIVERSIDE DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☒ Change ☐ Addition

NAME STANFORD, ROBERT VAN JR  
STREET ADDRESS 4314 NW 70 LANE  
CITY-ST-ZIP CORAL SPRINGS, FL.

TITLE D ☐ Delete

NAME WILSON, EARL STEVENSON  
STREET ADDRESS 6051 N.W. 68TH MANOR  
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)