

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K06511

1. Entity Name

COASTAL CONCRETE PUMPING OF BROWARD, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90024 032 \*\*\*150.00

Principal Place of Business

4685 S.W. 83 TERR  
DAVIE FL 33328

Mailing Address

4685 S.W. 83 TERR  
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0017267

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

FRECHETTE, JUDY  
4685 S.W. 83RD TERRACE  
DAVIE FL 33328

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	JONES, GARY	4685 S.W. 83RD TERRACE DAVIE FL				
	VPD	FRECHETTE, JUDITH P	4685 S.W. 83RD TERRACE DAVIE FL 33328		PD	Frechette, Judith P,	4685 SW 83 Ter DAVIE, FL 33328
	TD	JONES, LINDA	4685 S.W. 83RD TERRACE DAVIE FL				
					sec/TD	Frechette, Tiffany	4685 SW 83 Ter DAVIE, FL 33328

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 an other like empowered.

SIGNATURE:

*Judy Frechette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-501 954-134-3449  
Date Daytime Phone #

CR2E034 (10/00)