

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90118 002 ***150.00

DOCUMENT # K72909

1. Entity Name
FLORIDA CONCRETE CONSTRUCTION COMPANY



Principal Place of Business
**225 S MAIN ST
WILLISTON FL 32696
US**

Mailing Address
**P.O. BOX 909
WILLISTON FL 32696**



2. Principal Place of Business
2605 SW 33RD ST, Ste 104

3. Mailing Address
SAME AS

Suite, Apt. #, etc.
Ocala, FL

Suite, Apt. #, etc.
PLACE OF BUSINESS

City & State
34474

City & State

4. FEI Number
59-2942697

Applied For
Not Applicable

Zip
US

Zip

Country

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

**MUNDEN, DANNY
225 S MAIN ST
WILLISTON FL 32696**

Name
MUNDEN, DANNY
Street Address (P.O. Box Number is Not Acceptable)
2605 SW 33RD ST, Ste 104
City
Ocala **FL** Zip Code
34474

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 **Daniel R Munden** **DANIEL R MUNDEN** **3/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MUNDEN, DANNY
338 NE STATE RD 121
WILLISTON FL 32696** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MUNDEN, DANNY
24842 BARTRAM RD
ASTOR, FL 32103** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SIMMONS, GREG
16351 NE 55TH ST
WILLISTON FL 32696** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE: **Daniel R Munden** **3/6/03** **352-854-0169**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)