2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **K90043** May 22, 2000 8:00 am Secretary of State 1. Entity Name CREATIVE CONCRETE DESIGN, INC. 05-22-2000 90067 021 ***150.00 Principal Place of Business Mailing Address 895 WOODLANDS DR 895 WOODLANDS DR PT. ST. LUCIE FL 34952-8254 PT. ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0222403 Not Applicable Zip Zip Country \$8.75 Additional _Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINEBURG, GREGORY L. Street Address (P.O. Box Number is Not Acceptable) 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/V/T/S Change Addition TITLE ☐ Delete TITLE Lineburg, Gregory L. 895 woodlands Drive LINEBURG, GREGORY L NAME NAME 895 WOODLANDS DR STREET ADDRESS STREET ADDRESS PT St. Lucie, Fla 34952 CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL ☐ Addition Delete ☐ Change TITLE LINEBURG, MARY FRANCES NAME NAME 895 WOODLANDS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 order of the supplemental report of the supplemental rep

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CINATORE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

461-3738

Daytime Phone #