

2001 UNIFORM BUSINESS REPORT (UBR)

0024791 AF

DOCUMENT # L00000004641
1. Entity Name
 FLOAT-CRETE SYSTEMS. LLC

FILED

01 FEB 15 AM 11:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 417 WEST RIVER ROAD 417 WEST RIVER ROAD
 PALATKA FL 32177 PALATKA FL 32177

2. Principal Place of Business **3. Mailing Address**
417 West River Rd. *417 West River Rd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Palatka, FL* **City & State** *Palatka, FL*
Zip *32177* **Country** *USA* **Zip** *32177* **Country** *USA*

4. FEI Number *592645117* Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name *Bonnie L. Bird-Loeffler*
Street Address (P.O. Box Number is Not Acceptable)
417 West River Rd.
City *Palatka* **FL** **Zip Code** *32177*

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 *Bonnie L. Bird-Loeffler* *Bonnie L. Bird-Loeffler* *2-11-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>president Federico Loeffler Laja 118 Mexico 01900, D.F.</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR. Kenneth Massey CFO Av. del Bosque Sur 915-706 Providencia Santiago 66507-68 Chile</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR of Quality Bill Bird 110 Mayfair Aliso Viejo, CA 92656</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bonnie L. Bird-Loeffler Agent 417 West River Rd. Palatka, FL 32177</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300003708513--8</i> <i>-02/19/01--01004--015</i> <i>*****55.00 *****55.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Bonnie L. Bird-Loeffler* *Bonnie L. Bird-Loeffler* *2-11-01* *904 325-6538*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)