

2001 UNIFORM BUSINESS REPORT (UBR)

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

417 WEST RIVER ROAD
PALATKA FL 32177

Mailing Address

417 WEST RIVER ROAD
PALATKA FL 32177

2. Principal Place of Business

417 West River Rd.

3. Mailing Address

417 West River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

4. FEI Number

592645117

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA

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	president Federico Loeffler 633 118 Mexico 01900, D.F.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. Kenneth Massey Av. del Bosque Sur 915-706 Providencia Santiago 66507-68 Chile	<input type="checkbox"/> Delete CFO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF QUALITY Bill Bird 110 Mayfair Aliso Viejo, CA 92656	<input type="checkbox"/> Delete C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie L. Bird-Loeffler 4901 417 West River Rd. Palatka, FL 32177	<input type="checkbox"/> Delete Manager
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	300003708513--8 -02/19/01--01004--015 *****55.00 *****55.00	<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
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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 #