

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004641

1. Entity Name

FLOAT-CRETE SYSTEMS. LLC

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

59-3645117

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

BIRD-LOEFFLER, BONNIE L
417 WEST RIVER RD.
PALATKA FL 32177

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 Road

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
Signature, typed or printed name of registered agent and if applicable

Bonnie L. Bird-Loeffler
(NOTE: Registered Agent signature required when reappointing)

4-01-02 ✓
3-03-02
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT and CEO</u> <input type="checkbox"/> Delete <u>LOEFFLER, FEDERICO</u> <u>LAJA 118</u> <u>MEXICO 01900</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CFO = Chief Financial Officer</u> <input type="checkbox"/> Delete <u>MASSEY, KENNETH DR</u> <u>AV. DEL BOSQUE SUITE 915-708</u> <u>PROVIDENCIA SA 68507</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR of Quality Control</u> <input type="checkbox"/> Delete <u>Bill Bird</u> <u>15 Myflower</u> <u>Aliso Viejo, CA 92656</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Agent</u> <input type="checkbox"/> Delete <u>Bonnie L. Bird-Loeffler</u> <u>417 West River Rd.</u> <u>Palatka, FL 32177</u>
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Federico Loeffler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-18-2002 90032 027 ****55.00



DO NOT WRITE IN THIS SPACE

CH2E083 (9/01)