

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90012 045 ****50.00

DOCUMENT # L01000009205

1. Entity Name

SURTREAT CONCRETE PRESERVATION SYSTEMS, L.L.C.

Principal Place of Business

150 TEQUESTA DR., STE. 200
TEQUESTA FL 33469

Mailing Address

150 TEQUESTA DR., STE. 200
TEQUESTA FL 33469

2. Principal Place of Business

222 US HWY 1

Suite, Apt. #, etc.

SUITE 202A

City & State

TEQUESTA FL

Zip

33469

Country

USA

3. Mailing Address

222 US HWY 1

Suite, Apt. #, etc.

SUITE 202A

City & State

TEQUESTA FL

Zip

33469

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1117728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, FREDRICK D
150 TEQUESTA DR., STE. 200
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

FREDRICK D. SHAFFER

Street Address (P.O. Box Number is Not Acceptable)

ONE MAIN STREET

SUITE 200

City

TEQUESTA

FL

Zip Code

33469

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]

FREDRICK D. SHAFFER

1/26/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	FREDRICK D. SHAFFER PE	
STREET ADDRESS	ONE MAIN ST # 200	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	JOHN A. SOKO	
STREET ADDRESS	900 N.W. SASSAFRAS TERR	
CITY-ST-ZIP	JENSEN BEACH, FL 33495	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	DAVID A. CAUDILL	
STREET ADDRESS	8196 SE CROFT CIRCLE APTS	
CITY-ST-ZIP	HOBBS SOUND, FL 33455	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	MONTY POLLOCK	
STREET ADDRESS	816 SATURN ST #16	
CITY-ST-ZIP	JUPITER, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* FEE REQUIRED

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

Date

Daytime Phone #

561
2/14/02 744-4642

CR2E083 (9/01)