

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020619

1. Entity Name

CENTURY PRECAST PRODUCTS, LLC

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90057 014 ****50.00

Principal Place of Business

1663 TECHNOLOGY AVENUE
ALACHUA FL 32615
US

Mailing Address

1663 TECHNOLOGY AVENUE
ALACHUA FL 32615
US

2. Principal Place of Business

1950 NE 27th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1950 NE 27th Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3759353

Applied For

Not Applicable

Zip

32609

Country

USA

Zip

32609

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

ROHS, THOMAS J
1663 TECHNOLOGY AVENUE
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Thomas J. Rohs

Street Address (P.O. Box Number is Not Acceptable)
1950 NE 27th Avenue

City

Gainesville

FL

Zip Code
32609

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)

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
Chairman
Thomas J. Rohs
10025 SW 48th PL
Gainesville, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Co-Chairman
John D. Cox
3416 SE 29th Blvd.
Gainesville, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ron Staab
5630 SW 35th Way
Gainesville, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

4/29/02 352-895-2531

CR2E083 (9/01)