

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 16 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32578

1. Entity Name

B & E Grouting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1202 Thomas Circle

Suite, Apt. #, etc.

3. Mailing Address

1202 Thomas Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL

City & State

Winter Springs, FL

4. FEI Number

Applied For

Not Applicable

Zip

32708

Country

Zip

32708

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Douglas S. Seaburn

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

800 N. Hwy 434 #1

City

Altamonte Springs

FL

Zip Code

32714

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]

DOUGLAS S. SEABURN

7/15/02

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

(Name of Registered Agent; Signature required when resigning)

(DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D/P
William A. Tootle
1202 Thomas Circle
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000006469840--0
-07/17/02--01052--028

*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D/S/T
Evelin Tootle
1202 Thomas Circle
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V.P.
Tammey A. Tootle
1202 Thomas Circle
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

William A. Tootle

William A Tootle

7/15/02

407-689-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)