

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90047 016 ***150.00

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DOCUMENT # L39591

1. Entity Name
B & M CONCRETE SERVICES, INC.



Principal Place of Business
**1553 INDIAN PASS RD.
PORT SAINT JOE FL 32456
US**

Mailing Address
**P.O. BOX 376
PINELLAS PARK FL 33780
US**

30013034



2. Principal Place of Business
4190 78TH AVE N
Suite, Apt. #, etc.

3. Mailing Address
1553 INDIAN PASS RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PINELLAS PARK FL
Zip
33781
Country

City & State
PORT ST. JOE, FL
Zip
32456
Country

4. FEI Number
59-2989721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DREIZLER, MARK S.
1553 INDIAN PASS RD.
PORT SAINT JOE FL 32456**

7. Name and Address of New Registered Agent

Name
MARK S. DREIZLER
Street Address (P.O. Box Number is Not Acceptable)
4190 78TH AVE N
PINELLAS PARK FL 33781

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

MARK DREIZLER
(NOTE: Registered Agent signature required when reinstating)

1-30-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DREIZLER, MARK S. 750 94TH AVE N #210 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK DREIZLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3003 / 727/541-5333
Date Daytime Phone #

CR2E034 (10/02)