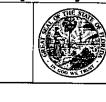
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L42898 DOCUMENT

1. Entity Name

CEMENT PRECAST PRODUCTS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90127 001 ***150.00

				9		
Principal Place of Business C/O MICHAEL L. HARPER		Mailing Address C/O MICHAEL L. HARP	ER			
2033 NE 27TH AVENUE		2033 NE 27TH AVENUE				
GAINESVILLI		GAINESVILLE FL 32609				
2. Principal Place of Business		3. Mailing Address			1811 B1811 B1811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2982799	Applied For Not Applicable	
Zip 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Fee Req	Additional uired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
HARPER, MICHAEL L.			Name	Name		
2033 NE 27TH AVENUE GAINESVILLE FL 32609			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
CANLOV	ILLE PE 32009		City	□ Zip C	Code	
8. The above	e named entity submits this statement for titions of registered agent.	the purpose of changing it		FL Zip C stered agent, or both, in the State of Florida. I am familiar w		
SIGNATURE						
ordin tronc	Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered Agent signature requ	lired when reinstating) 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 \$5 Trust Fund Contribution.	5.00 May Be ded to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ODC IN 44	
TITLE NAME STREET ADDRESS	HARPER, MICHAEL L. 2033 NE 27 AVENUE	☐ Delete	TITLE NAME STREET ADDRESS	Chang		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		l g	
TITLE		☐ Delete	TITLE	Chanc	e 🗆 Addition	
NAME			NAME		-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Chang	e	
NAME			NAME	Onling	C Maillon	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Chang	e Addition	
NAME			NAME	Onung	Addition	
STREET ADDRESS		•	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Chang	e	
NAME	•		NAME	Chang	- Li Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE	☐ Change	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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP