

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 006 ***158.75

DOCUMENT # L43828

1. Entity Name
ALL STATE CONCRETE CORPORATION



Principal Place of Business
8101 GILLIAM ROAD
APOPKA FL 32703
US

Mailing Address
8101 GILLIAM ROAD
APOPKA FL 32703
US

2. Principal Place of Business

6115 LINNEAL BEACH DR

Suite, Apt. #, etc.

~~APOPKA~~

City & State
APOPKA, FL

Zip

32703

Country

USA

3. Mailing Address

6115 LINNEAL BEACH DR

Suite, Apt. #, etc.

City & State
APOPKA, FL

Zip

32703

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2988103

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALEY, BRADLEY
6115 LINEAL BEACH DRIVE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALEY, BRADLEY A. 6115 LINEAL BEACH DRIVE APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FETTE, GREGORY L. 8101 GILLIAM RD APOPKA FL 32703	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FETTE, GREGORY L. 8101 GILLIAM RD APOPKA FL 32703	☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. SEE FETTE, GREGORY L. 32 Heather Green Ct OCOE, FL. 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FETTE, GREGORY L. 32 Heather Green Ct OCOE, FL. 34761	☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2003 (407-294-5703)

Date

Daytime Phone #

CR2E034 (10/02)