

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am
Secretary of State**

03-05-2001 90275 046 ***150.00

DOCUMENT # L75953

1. Entity Name

CONCRETE SERVICES OF QUINCY, INC.

Principal Place of Business

**1131 DADE ST
QUINCY FL 32351
US**

Mailing Address

**1131 DADE ST
QUINCY FL 32351
US**

123833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3026130**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDDICK, HILLIARD R
104-A ADAMS ST
QUINCY FL 32351**

Name

Michael Bist

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

Gardner, Sheffer, Duggar, Bist + Wiener**1300 Thomaswood Dr.**

City

Tallahassee**FL**

Zip Code

32312

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DTS						
	MCMILLAN, WILLIAM N JR						
	RT 6 BX 42						
	QUINCY FL 32351						
	PDCM						
	MCMILLAN, SABRINA						
	RT 6 BOX 42						
	QUINCY FL						
	DV						
	PARRAMORE, TONY						
	102 N. WARD ST.						
	QUINCY FL						

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

SIGNATURE: Sabrina McMillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

850-875-1471

Daytime Phone #

CR2E034 (10/00)