## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # L85185

1. Entity Name

RICK ALLEGIER CONCRETE, INC.



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90738 028 \*\*\*150.00

Principal Place of Business **RICK L ALLEGIER 8178 LAKE SAN CARLOS CIRCLE SE FT MYERS FL 33912		Mailing Address *RICK L ALLEGIER 8178 LAKE SAN CARLOS CIRCLE SE FT MYERS FL 33912							
2. Principal Place of Business		3. Mailing Address					2(8)) 8)8)) <b>2</b> (8)	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			<b>4.</b> F	FEI Number 65-0203900		Applied For Not Applicable	
Zip	Country	Zip	try	5. (	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent	agent			7. Name and Address of New Registered Agent			
ALLEGIER, RICK L 8178 LAKE SAN CARLOS CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
FT MYERS	S FL 33912								
				City		F	_ 1		
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 Figrida Department of State  10. OFFICERS AND DIRECTORS					•		☐ Add	.00 May Be ed to Fees	
TITLE	PD Delete ALLEGIER, RICK L 8178 LAKE SAN CARLOS CIR FT MYERS FL		11.	TITLE		DITIONS/CHANGES TO OFFICERS AN		<del>` </del>	
NAME STREET ADDRESS CITY-ST-ZIP			NAME				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEGIER, JANE M 8178 LAKE SAN CARLOS CIR FT MYERS FL	☐ Delete					☐ Change	Addition	
TITLE NAME - STREET ADDRESS - CITY-ST-ZIP		Delete			پهښون سند	المعاملة الم	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4				☐ Change	Addition	
indicated of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a	ny sianati	ure shall have the s	same le	egal effect as if made under path: that I	am an office	er or director	

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03

239 2473026

Daytime Phone #