FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Feb 21, 2003 8:00 am Secretary of State L89766 DOCUMENT # 1. Entity Name 02-21-2003 90135 007 ***150.00 COMMERCIAL CONCRETE SYSTEMS, INC. Mailing Address 6220 TAYLOR RD. Principal Place of Business 6220 TAYLOR RD. #101 #101 -NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0229204 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - - 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, RAYMOND L. J Street Address (P.O. Box Number is Not Acceptable) THE MOORINGS PROFESSIONAL BLDG. 2335 TAMIAMI TRAIL N., STE. 409 NAPLES FL 3433x 34103-4459 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, WILLIAM W. NAME NAME 6166 TAYLOR ROAD, #104 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ΫŔ TITLE ☐ Delete TITLE ☐ Change Addition LANCE SMITHERS NAME NAME STREET ADDRESS 6220 TAYLOR ROAD, #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34109 TITLE -- - 🖾 Defete TITLE - 🖸 . Change Addition. MERLE BRIGHT NAME STREET ADDRESS STREET ADORESS 840 NEW WATERFORD DRIVE, #202 CITY-ST3ZIP CITY-ST-ZIP NAPLES, FL 34104 TITLE ☐ Delete TITLE Change Change ✓ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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