2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # L95099** A-Z PRECAST CONCRETE PRODUCTS, INC. 02-03-2001 90029 012 ***158.75 Principal Place of Business Mailing Address 4451 8TH AVE. S 4451 8TH AVE. S ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3023171 Not Applicable Zip 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 Name PERRI, FRANK R. Street Address (P.O. Box Number is Not Acceptable) 4451 8TH AVE. S ST. PETERSBURG FL 33711 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change PERRI, FRANK R. NAME NAME STREET ADDRESS **521 JOHNS PASS AVE** STREET ADDRESS CITY-ST-ZIP MADERIA BEACH FL CITY-ST-ZIP VPS TITLE ☐ Delete ☐ Addition TITLE Change PERRI, TRACY A. NAME NAME STREET ADDRESS 521 JOHNS PASS AVE STREET ADDRESS CITY-ST-ZIP MADERIA BEACH FL CITY-ST-7IP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 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 a paddress, with all other like empowered.

FILED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date