

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000168

1. Entity Name  
ACCURATE CONCRETE CUTTING, L.C.

FILED  
00 APR 10 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1223 SE 47TH TERR  
#2  
CAPE CORAL FL 33904

Mailing Address  
1223 SE 47TH TERR  
#2  
CAPE CORAL FL 33904-9614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1345 Old Pondella Rd  
Suite, Apt. #, etc.

3. Mailing Address  
1345 Old Pondella Road  
Suite, Apt. #, etc.

City & State  
N. Fort Myers

City & State  
N. Fort Myers

Zip  
33903

Country  
LEE

Zip  
33903

Country  
LEE

4. FEI Number  
65-0730422

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
PILZ, NORBERT  
1223 S.E. 47TH TERRACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1345 OLD PONDELLA ROAD  
City N. Ft. Myers FL Zip Code 33903

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM JUERGEN & KARIN PARKINSON-JOINT TENTANTS 4602 S.W. 25TH COURT CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM RUCK, ROBERT 2224 S.E. 5TH COURT CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM PILZ, NORBERT 1223 S.E. 47TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 0000032215 -04/24/00--01157--018 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1345 OLD PONDELLA RD N. Fort Myers 33903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NSB/ATUP/ROBERT PILZ 3.8.00 6415748001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #