

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90002 024 ***150.00

DOCUMENT # M68184

1. Entity Name

ACE CONCRETE PUMPING, INC.

Principal Place of Business

Mailing Address

815 S.W. 49TH WAY
MARGATE FL 33068

815 SW 49 WAY
MARGATE FL 33071-8211
US

702027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10852 N.W. 13th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

4. FEI Number

65-0033711

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

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

HIGGINS, MAUREEN
815 SW 49TH WAY
SUITE C-120
MARGATE FL 33068

Name

Same

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

10852 N.W. 13th Ct.

City

Coral Springs

FL

Zip Code

33071

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

Maureen Higgins

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS HIGGINS, MAUREEN
CITY-ST-ZIP 815 SW 49TH WAY
MARGATE FL

TITLE ☒ Change ☐ Addition
NAME Higgins, Maureen
STREET ADDRESS 10852 N.W. 13th Ct.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Maureen Higgins Maureen Higgins 1/7/00 (954)963-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)