## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** M88593 1. Entity Name JEFF FUTRELL CONCRETE, INC. 04-29-2002 90184 019 \*\*\*150 00 Principal Place of Business Mailing Address 761 CROSS BOW LANE 761 CROSS BOW LANE BUU80782 SANFORD FL 32773 SANFORD FL 32773 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 59-2895501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. FUTRELL, JEFFREY L. Street Address (P.O. Box Number is Not Acceptable) 761 CROSS BOW LN SANFORD FL 32773 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. ,10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME FUTRELL, JEFFREY L. NAME STREET ADDRESS 761 CROSS BOW LN STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-7IP JITI F ☐ Delete TITLE Change ☐ Addition NAME FUTRELL, JEFFREY L. NAME STREET ADDRESS 761 CROSS BOW LN STREET ADDRESS CITY-ST-7IP SANFORD FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

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