2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90074 002 ***150.00

629000

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000002592

1. Entity Name
SCOTT CORY CONCRETE INC.

Principal Place of Business	Mailing Address
101 7TH ST., S.W. NAPLES FL 34117	101 7TH ST., S.W. NAPLES FL 34117

2. Principal Place of Business: 1041 15th St SW
Suite, Apt. #, etc.
City & State: Naples Florida
Zip: 34117 Country: USA

3. Mailing Address: PO Box 990277
Suite, Apt. #, etc.
City & State: Naples Florida
Zip: 34116 Country: USA

4. FEI Number: 59-3617942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORY, SCOTT L
101 7TH ST., S.W.
NAPLES FL 34117

7. Name and Address of New Registered Agent
Name: Scott L. Cory
Street Address (P.O. Box Number is Not Acceptable): 1041 15th St SW
City: Naples FL Zip Code: 34117

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: Scott Cory
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Scott L. Cory 1041 15th St SW Naples FL 34117 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Amber J Cory - Vice President 1041 15th St SW Naples FL 34117 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Scott Cory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-26-01 Daytime Phone #: 941-352-3162

CR2E034 (10/00)