

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P 00000002392

1. Entity Name

Scott Cory Concrete Inc.



03 DEC -3 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03  
800023512548  
12/03/03--01004--016 \*\*200.00

2. Principal Place of Business

1491 15th St SW

3. Mailing Address

P.O. Box 990277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

Zip

34117

Country

Collier

Zip

34116

Country

Collier

4. FEI Number

59-3617942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Cory

Street Address (P.O. Box Number or Not Applicable)

1491 15th St SW

City

naples

**FL**

Zip Code

34117

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Scott Cory

Scott Cory

9-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>President</u>
NAME	<u>Scott Cory</u>
STREET ADDRESS	<u>1491 15th St SW</u>
CITY - ST - ZIP	<u>Naples FL 34117</u>
TITLE	<u>Vice President</u>
NAME	<u>Amber J. Cory</u>
STREET ADDRESS	<u>1491 15th St SW</u>
CITY - ST - ZIP	<u>Naples FL 34117</u>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amber J Cory Amber J Cory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-03

Date

Daytime Phone #

234  
352-3162

CR2E034B (12/02)