FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Scott Cory Concrete Inc.



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03 DEC -3 PM 3:05

			SECRETARY OF TALLAHASSEE, F	STATE
			IALLAMASSEE, F	TUNIUA
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2. Principal Place of Business	3. Mailing Address	190277	22 ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	> 7= **200.00
1491 1546 5+5W Suite, Apt. #, etc.	Suite, Apt. #, etc.	1700/11	DO NOT WRITE IN THIS	
Naples Florida	Vaples Flo	orida	4. FEI Number 59-36/7942	
Zip Country Collier	Zip 3 411 (0 - Con	ntry lier	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				d Agent
Name Scald Conv				
W TON OO	45/15/2007/2007/2007	- 011331 NOSI 330 1	- DOX (Valingor 10 Troc Moodpidoro)	
IN THIS SF	PACE	149113	5th 5t. Sw	· .
		City		Zip Code
The above paged entity submits this statement to	or the purpose of changing its registr	ered office or register	` <u> </u>	<u> </u>
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.				
S. March Alker	MANAGER SON	11 Con 1	MANY CARL Q-27-	03
SIGNATURE Signature, typed of printed name of registered agent	and title if applicable NOTE: Registe	ered Agent signature required		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	4		9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department o			Trust Fund Contribution.	Added to Fees
10. OFFICERS AND				Marie The service of
TITLE President	海動脈	TLE		· · · · · · · · · · · · · · · · · · ·
NAME SCOTT COTY STREET ADDRESS 1491 15th STSW		AME Treet Address		
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NAME Amber I Cory		AME	8000235125	49
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I hereby certify that the information supplied with	o uns along does not quality for the ex	xemption stated in Se	ction τι τεφνία)(τ), πιοπαά Statutes. Γτυrther ce	a my mai me miormation

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: WINDE

SIGNATURE AND SPEED OF PRINTED NAME OF SIG