

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90041 015 ***150.00

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1. Entity Name
CONCRETE-ON-SITE, INC.

Principal Place of Business
377 N.W. 14TH STREET
OCALA FL 34475

Mailing Address
P.O. BOX 1389
OCALA FL 34478

62003000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3630896

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

ROBISON, MARY A
ONE INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

Name HENRY J. G. MOXON

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

377 N.W. 14TH ST.

City Ocala

FL

Zip Code 34475

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Henry J. G. Moxon

HENRY J. G. MOXON

2/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME MOXON, HENRY J.G.
STREET ADDRESS 377 N.W. 14TH STREET
CITY-ST-ZIP Ocala FL 34475

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD Delete
NAME SWEARINGEN, MARJORIE A.M.
STREET ADDRESS 377 NW 14TH STREET
CITY-ST-ZIP Ocala FL 34475

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME MOXON, MICHELLE A
STREET ADDRESS 377 NW 14TH STREET
CITY-ST-ZIP Ocala FL 34475

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry J. G. Moxon

HENRY J. G. MOXON, PRES

2/5/03

352/732-2324

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)