

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008795

1. Entity Name

RECYCLED CONCRETE PRODUCTS, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90042 049 ***150.00

Principal Place of Business

Mailing Address

1520 TALLAPOOSA DRIVE
GENEVA FL 327321520 TALLAPOOSA DRIVE
GENEVA FL 32732

2. Principal Place of Business

3. Mailing Address

1520 TALLAPOOSA Dr.

1520 TALLAPOOSA Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GENEVA FL

City & State

GENEVA FL

4. FEI Number

59-3620314

Applied For

Not Applicable

Zip

32732

Country

Seminole

Zip

32732

Country

Seminole

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

CLARK, CAMELLIA L
1520 TALLAPOOSA DRIVE
GENEVA FL 32732

Name

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

City

FL

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)

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kevin S. Clark
1520 TALLAPOOSA Dr.
GENEVA FL 32732TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / RA
Camellia L. Clark
1520 TALLAPOOSA Dr.
GENEVA, FL 32732TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Camellia L. Clark

1/25/01

9378

CR2E034 (10/00)