

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 009 ***150.00

DOCUMENT # P000000012374
1. Entity Name
Concrete Professionals, Inc

DO NOT WRITE IN THIS SPACE

80068642

2. Principal Place of Business <u>21233 Ovesada</u> Suite, Apt. #, etc.	3. Mailing Address <u>21233 Ovesada</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Pt Charlotte FL</u>	City & State <u>Pt Charlotte FL</u>	4. FEI Number <u>650977031</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33952</u>	Country <u>USA</u>	Zip <u>33952</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Jeff Quill</u>
Street Address (P.O. Box Number is Not Acceptable) <u>21233 Ovesada Ave</u>
City <u>Pt Charlotte</u>
State <u>FL</u>
Zip Code <u>33952</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.

SIGNATURE Jeff Quill - Jeff Quill 4-8-02
Signature of Registered Agent (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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Jeff Quill - P</u> <u>21233 Ovesada Ave</u> <u>Pt Charlotte, FL 33952</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Cheri Quill - V</u> <u>21233 Ovesada</u> <u>Pt Charlotte, FL 33952</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Quill 4-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)