

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90163 026 ***150.00

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DOCUMENT # P00000012376

1. Entity Name
CONCRETE PROFESSIONALS, INC.



Principal Place of Business
**21233 QUESADA AVE
PORT CHARLOTTE FL 33952**

Mailing Address
**21233 QUESADA AVE
PORT CHARLOTTE FL 33952**



2. Principal Place of Business
Port Charlotte
Suite, Apt. #, etc.

3. Mailing Address
18439 Lamont Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte
Zip
33948 Country
USA

City & State
Port Charlotte FL
Zip
33948 Country
USA

4. FEI Number **65-0977031** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUILL, JEFFERY
21233 QUESADA AVE
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **Jeffery Quill**
Street Address (P.O. Box Number is Not Acceptable)
18439 Lamont Ave
City **Port Charlotte FL** Zip Code **33948**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUILL, JEFFERY 21233 QUESADA AVE PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUILL, CHERI 21233 QUESADA AVE PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffery Quill 18439 Lamont Ave Port Charlotte FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cheri Quill 18439 Lamont Ave Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

7-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

Concrete Professionals, Inc.
18439 Lamont Ave
Port Charlotte, FL 33948
(941) 743-3597 (239) 229-7501

90141985

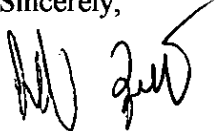
PO00000012376

July 9, 2003

Dear Sirs:

It has come to my recent attention that our company did not receive the first notice for the 2003 Uniform Business Report. I have enclosed the report with the appropriate payment in accordance with the instructions. We are requested the late fee be waived as per the instructions. Thank you for your assistance in this matter.

Sincerely,



Jeff Quill,
President.