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FILED
Jul 02, 2001 8:00 am
Secretary of State

05-16-2001 90214 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024997

1. Entity Name

CONCRETE RESTORATION SERVICES, INC. (LA)

Principal Place of Business	Mailing Address
830 EYRIE DRIVE #5B OVIEDO FL 32765	830 EYRIE DRIVE #5B OVIEDO FL 32765

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2499 OLD LAKE MARY RD	2499 OLD LAKE MARY RD
Suite, Apt. #, etc. 144	Suite, Apt. #, etc. 144
City & State SANFORD FL.	City & State SANFORD FL.
Zip 32771 Country USA	Zip 32771 Country USA

4. FEI Number 59-3641234 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name HARRY M. BYNUM Street Address (P.O. Box Number is Not Acceptable) 671 LEMON BLUFF Rd City OSTEEN FL Zip Code 32764

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 Harry M. Bynum 4-30-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 State

10. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYNUM, HARRY M 671 LEMON BLUFF ROAD OSTEEN FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANIUS, WENDY B 4473 ROCKY RIVER ROAD WEST JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAM LITTLETON 6340 BEECHNUT DR. LAKELAND FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry M. Bynum HARRY M. BYNUM President 1-8-01 407-365-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONCRETE RESTORATION SERVICES,INC.

PLEASE NOTE, EFFECTIVE JULY 1, 2001, OUR NEW ADDRESS WILL BE:

655 W. FULTON STREET, SUITE #4
SANFORD, FLORIDA 32771

ALL TELEPHONE AND FAX NUMBERS WILL REMAIN THE SAME.
PLEASE CHANGE YOUR RECORDS ACCORDINGLY. THANK YOU.

Attachment

#P0060024M7

5004

Attachment

P0000034

5014

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

Employer Identification Number (EIN)

OMB No. 1545-0257

59-3641234 142012 4 6

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CONCRETE RESTORATION SERVICES INC
% HARRY M BYNUM
2499 OLD LAKE MARY RD STE 144
SANFORD FL 32771-4193

INTERNAL REVENUE SERVICE CENTER
AUSTIN, TX 73301

TEAR OFF HERE

New Address _____

_____

_____

City _____

State _____ Zip _____

Telephone Number ( ) _____

Do not write beyond this line

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 12-2000)