CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State P00000024997 DOCUMENT # 1. Entity Name 02-17-2002 90062 023 ***150.00 CONCRETE RESTORATION SERVICES, INC. Mailing Address Principal Place of Business 2499 OLD LAKE MARY RD. .2499:OLD-LAKE-MARY-RD. 655W. Fulton St. 14 455 W Fulton St. SANFORD FL 32771 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3641234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required m/na 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYNUM, HARRY M Street Address (P.O. Box Number is Not Acceptable) 671 LEMON BLUFF RD. OSTEEN FL 32764 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITI F ☐ Delete TITLE MAME BYNUM, HARRY M NAME STREET ADDRESS **671 LEMON BLUFF ROAD** STREET ADDRESS CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME LANIUS, WENDY B 108 CLEAK LAKE DR. STREET ADDRESS STREET ADDRESS 4473 ROCKY RIVER ROAD WEST DONTE VEDRA BEACH. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 Addition ☐ Delete TITLE **VP** NAME NAME LITTLETON, WILLIAM STREET ADDRESS STREET ADDRESS 6340 BEECH NUT DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ith an address, with all other like empowered

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