

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90138 036 \*\*\*150.00

**DOCUMENT # P00000024997**

1. Entity Name

CONCRETE RESTORATION SERVICES, INC.



Principal Place of Business

655 W FULTON ST  
SUITE 4  
SANFORD FL 32771

Mailing Address

655 W FULTON ST  
SUITE 4  
SANFORD FL 32771

2. Principal Place of Business

6340 BEECHNUT DR.

3. Mailing Address

6340 BEECHNUT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33813

Country

USA

Zip

33813

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

BYNUM, HARRY M  
671 LEMON BLUFF RD.  
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name

WILLIAM S. LITTLETON

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

6340 BEECHNUT DRIVE

City

LAKELAND

FL

Zip Code

33813

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)

2-18-03

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	D	<input checked="" type="checkbox"/> Delete
NAME	BYNUM, HARRY M	
STREET ADDRESS	671 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANIUS, WENDY B	
STREET ADDRESS	108 CLEAR LAKE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LITTLETON, WILLIAM	
STREET ADDRESS	6340 BEECH NUT DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & C.E.O.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM S. LITTLETON	
STREET ADDRESS	6340 BEECHNUT DR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VICE PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY G. LITTLETON	
STREET ADDRESS	6340 BEECHNUT DR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*William S. Littleton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

Date

407-365-8211

Daytime Phone #

CR2E034 (10/02)