

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-22-2001 90017 043 ***150.00

DOCUMENT # P00000032720

1. Entity Name

STEVE SAPP'S CONCRETE, INC.

Principal Place of Business

137 GEORGE STREET S.
TARPON SPRINGS FL 34689

Mailing Address

137 GEORGE STREET S.
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639746

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

SAPP, STEPHEN
137 GEORGE STREET S.
TARPON SPRINGS FL 34689

Name

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

City

FL

Zip Code

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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 ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Resident
Stephen A. Sapp
137 GEORGE STREET S
TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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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: Stephen A. Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Sapp

Date

Daytime Phone #

3/14/01 (727)
934-2487

CR2E034 (10/00)