## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P0000035000 **DOCUMENT #**

1. Entity Name

GALVAN'S BEAM & CONCRETE, INC.

A STATE OF THE STA

**FILED** Mar 06, 2003 8:00 am § Secretary of State 03-06-2003 90092 031 \*\*\*150.00

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3227 ARCH	Principal Place of Business 3227 ARCH WAY 3227 ARCH WAY SARASOTA FL 34232 SARASOTA FL 34232						
2. Principal	Place of Business	3. Mailing Address	1				COLUMN TRUE LOCAL
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.		).		☐ CHECK HERE IF M	AKING CHANGES	· •
City & St	City & State City & State		·	<del></del>	4. FEI Number 65-1010778		pplied For ot Applicable
Zíp	Country	Zip	Country	#* = <del></del> ;	5. Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curre	ent Registered Agent		<u>-</u>	7. Name and Address of New Regis		
				Name		<u> </u>	
	SPIEGEL & UTRERA, P.A. 343 Almeria avenue			Street Address (F	P.O. Box Number is Not Acceptable)	***	
	GABLES FL 33134					<del></del>	
			<u> </u> -	City		FL Zip Cod	de
8. The abov	ve named entity submits this statemen	t for the purpose of chang	ing its registered	office or registere	ed agent, or both, in the State of Florida.		and accept
the obliga	ations of registered agent.	_	•	3		T date tear mean trice,	dia decept
SIGNATURE	·	<del></del>					1
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered Ag	ent signature required v	when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.0	0			9. Election Campaign Financi	~ _ ~	10 May Be
	ck Payable to Florida Department				Trust Fund Contribution.	☐ Added	to Fees
10.		ND DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME	PTD CALVAN SALONE	☐ Delete				☐ Change	Addition
STREET ADDRESS	GALVAN, SALOME		NAME Street a	UUBESS	`		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-	1			
TITLE	SVD	☐ Delete	TITLE			☐ Change .	Addition
NAME	GALVAN, ESMERALDA		NAME			_ ,	
STREET ADDRESS CITY-ST-ZIP	OFFI VIIOLI HVI		STREET A		_		
TITLE	SARASOTA FL 34232		CITY-ST-	ZIP	- <del>'*</del>		
NAME		☐ Delete	TITLE NAME	İ		☐ Change	☐ Addition
STREET ADDRESS	:		STREET A	ODRESS			
CITY-ST-ZIP			CITY-ST-	!			
TITLE	<u></u>		· · · · · · ·	ZIP			
NAME		☐ Delete		ZIP		Change	Addition
		☐ Delete		ZIP		☐ Change	Addition
STREET ADDRESS		☐ Delete	TITLE NAME STREET AL	DORESS		☐ Change	Addition
CITY-ST-ZIP			TITLE NAME STREET AI CITY-ST-	DORESS		☐ Change	Addition
CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST- TITLE	DORESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME			TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESS ZIP			
CITY-ST-ZIP			TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL	DORESS ZIP DORESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CHY-ST- TITLE NAME STREET AL CHY-ST-	DORESS ZIP DORESS		☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			TITLE NAME STREET AF CHY-ST- TITLE NAME STREET AC CHY-ST- TITLE	DORESS ZIP DORESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET AL CHY-ST- TITLE NAME STREET AL CHY-ST-	DODRESS ZIP DODRESS		☐ Change	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR