## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P00000054934

1. Entity Name

SPRAYED CONCRETE SYSTEMS, INC.

Principal Place of Business

Mailing Address

PLANT-CITY	ANTILE CT., UNIT 4 FL 33565	P. O. BOX 1737 PLANT CITY FL 33564-1	737	
1808		3. Mailing Address		
Suite, Ap	t. #, etc. /	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Plant	City Fl	City & State		4. FEI Number 59-3650657 Applied For
Zip 335		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egletered Agent	Name	7. Name and Address of New Registered Agent
1404 ME	IARLENE B <del>RCANTILE CT., Uni</del> t 4 ITY FL 3 <del>3565</del> - 33566		Street Addr	dress (P.O. Box Number is Not Acceptable)
8. The above	e named entity submits this statement for the	ne purpose of changing its	City PIA	4/17 C) + FL Zip Code 69 egistered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent and		E: Registered Agent signature re	
See criteria on back)  After May 1, Make Check Pa			III FEE IS \$150.00 02 Fee will be \$550. ole to Department of	10. Election Campaign Financing \$5.00 May Be
11.* πλγ.	OFFICERS AND DIF		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WARF, MARLENE B Macking 1404 MERCANTILE CTN PLANT CITY FL 33567	☐ Delete	NAME	PRESIDENT Schange Addition Mackie Warf 1808 Turkey CreacRd #1 Plant CHU F! 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Change Addition mark Basicin 1908 Turkey Creeked #1 Plant City Fl 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C.) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change G'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
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	ertify that the information supplied with this n this report or supplemental report is true pration or the receiptor or true.	filing does not qualify for the and accurate and that my	CITY-ST-ZIP  the exemption stated in a signature shall have the	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under next; that I am an office or distributed the same legal effect as if made under next; that I am an office or distributed the same legal effect as if made under next; that I am an office or distributed the same legal effect as if made under next; that I am an office or distributed the same legal effect as if made under next; that I am an office or distributed the same legal effect as if made under next; the same legal effect as if made un

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:

**FILED** 

May 06, 2002 8:00 am Secretary of State
05-06-2002 90270 036 \*\*\*150.00