

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056615

1. Entity Name

CONCRETE STRUCTURAL SYSTEMS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90220 050 ***150.00

0001485

Principal Place of Business

2301 PARK AVE., SUITE 406
ORANGE PARK FL 32073

Mailing Address

2301 PARK AVE., SUITE 406
ORANGE PARK FL 32073

2. Principal Place of Business

462 Kingley Ave

3. Mailing Address

462 Kingley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Orange Park - FL

Orange Park - FL

Zip

Country

Zip

Country

32073

USA

32073

USA

4. FEI Number

59-365-26-81

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR
2301 PARK AVE., SUITE 406
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

John F. Tolson, Jr.

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

462 Kingley Ave

Suite 101

City

Orange Park

FL

Zip Code

32073

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/24/01

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 \$550.00
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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JEFF NOVAK	
STREET ADDRESS	13939 MANDARIN OAKS LN	
CITY - ST - ZIP	JACKSONVILLE, FL 32223	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	WALTER BROWN	
STREET ADDRESS	2682 MILL ST	
CITY - ST - ZIP	HILLIARD, FL 32046	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF NOVAK

3/21/01 (904) 262-1975

Day

Daytime Phone #

CR2E034 (10/00)