06/11/02 TUE 07:31 FAX 9042696119 John F. Tols

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
06-16-2002 90693 037 ***550.00

DOCUMENT # P00000056615

1. Entity Name
CONCRETE STRUCTURAL SYSTEMS, INC.

Principal Place of Business
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073

Mailing Address
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
5513 ROOSEVELT BLVD
PMB #183
City & State
Jacksonville, FL 32244-2345
Zip | Country

4. FEI Number 59-3652681 — 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
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: P NAME: NOVAK, JEFF STREET ADDRESS: 13939 MANDARIN OAKS LN CITY-ST-ZIP: JACKSONVILLE FL 32223	☒ Delete	TITLE: P/S/Director NAME: Walter E Brown STREET ADDRESS: 5513 Roosevelt Bd PMB#183 CITY-ST-ZIP: Jacksonville, FL 32244-2345	☒ Change ☐ Addition
TITLE: S NAME: BROWN, WALTER E. STREET ADDRESS: 2682 MILL ST CITY-ST-ZIP: HILLIARD FL 32046	☒ 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
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: [signature] WALTER E. BROWN PRESIDENT 6/11/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

CR2E031-9-01