FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056615

1. Entity Name
CONCRETE STRUCTURAL SYSTEMS, INC

90126070

Principal Place of Business	Mailing Address
462 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 32073	55130 ROOSEVELT BLVD. PMB.# 183 JACKSONVILLE, FL 32244

2. Principal Place of Business	3. Mailing Address
	2659 Homestead Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hilliard, FL
Zip / Country	Zip: 32046 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
TOLSON, JOHN F JR 462 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 32073	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: BROWN, WALTER STREET ADDRESS: 5513 ROOSEVELT BLVD. - PMB.#183 CITY-ST-ZIP: JACKSONVILLE, FL 32244	☐ Delete	TITLE: PSD NAME: Brown, Walter E STREET ADDRESS: 2659 Homestead Ln CITY-ST-ZIP: Hilliard, FL 32046	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4-30-03 904-879-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER E BROWN