

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90255 048 ***150.00

DOCUMENT # P00000063478

1. Entity Name

ULTIMATE CONCRETE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

6619 CUTTY SARK LANE
 NAPLES FL 34104

Mailing Address

6619 CUTTY SARK LANE
 NAPLES FL 34104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Collier

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Collier

4. FEI Number

59-3655504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GORDON, TERRI LYNN
 6619 CUTTY SARK LANE
 NAPLES FL 34104

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)

X

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 ☐ Delete
 NAME Terry Gene Gordon
 STREET ADDRESS 6619 Cutty Sark Ln.
 CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
 NAME Terri L. Gordon
 STREET ADDRESS 6619 Cutty Sark Lane
 CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 like empowered.

SIGNATURE: TERRI L. GORDON TERRI L. GORDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 941-353-8693

Date

Daytime Phone #

CR2E034 (10/00)