05/30/2002 20:13 4073023452 MCB CONCRETE

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-15-2002 90089 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088711

1. Entity Name
MCB CONCRETE, INC.

Principal Place of Business
524 CLOUDCROFT DR
DELTONA FL 32738

Mailing Address
524 CLOUDCROFT DR
DELTONA FL 32738

[redacted]

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

4. FEI Number 593706998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REFFITT, PHILLIP D
2221 C SIMPSON RIDGE CIRCLE
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
Name Susan Paris
Street Address (P.O. Box Number is Not Acceptable) 3061 Goldenview Ln.
City Orlando FL Zip Code 32812

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] 5/31/02
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

TITLE	D	☒ Delete
NAME	BRODY, MICHAEL C	
STREET ADDRESS	2307 GREENWOOD ST.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	☐ Delete
NAME	BRODY, JACQUELINE	
STREET ADDRESS	901 PRESCOTT BLVD.	
CITY-ST-ZIP	DELTONA FL 32738	
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	michael C Brody	
STREET ADDRESS	524 cloudcroft Dr	
CITY-ST-ZIP	Deltona Fl 32738	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (8/01)

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] 3-30-02 321-689-2687
Signature and typed or printed name of signing officer or director Date Daytime Phone #