7/18/

## . 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 10, 2001 8:00 am Secretary of State P00000099270 **DOCUMENT #** 1. Entity Name 07-18-2001 90258 009 \*\*\*150.00 CONCRETE SERVICES ORLANDO, INC. Principal Place of Business Mailing Address 20101 PADDOCK 20101 PADDOCK ORLANDO FL 32833 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 29-3677224 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NICHOLS, DUANE E Street Address (P.O. Box Number is Not Acceptable) 20101 PADDOCK ORLANDO FL 32833 City 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 egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, (2/01) TITLE ☐ Delete TITLE ☐ Addition NICHOLS, DUANE E NAME NAME CR2E034 20101 PADDOCK STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME HUGHES, KENNY J NAME STREET ADDRESS 20101 PADDOCK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32833 TITLE ☐ Change Addition -TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other/like empowered. SIGNATURE: