

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90078 043 \*\*\*150.00

**DOCUMENT # P00000109731**

1. Entity Name

FIBER CEMENT MANUFACTURING, INC.

Principal Place of Business

1608 METROPOLITAN CIRCLE, STE. B  
TALLAHASSEE FL 32308

Mailing Address

1608 METROPOLITAN CIRCLE, STE. B  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-37519-23

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, EUGENE B

1608 METROPOLITAN CIRCLE, STE. B  
TALLAHASSEE FL 32308

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 file if applicable.

(NOTE: Registered Agent signature required when resigning)

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 COPPOLA, SALVATORE  
STREET ADDRESS 4201 WOODSTORKS WALKWAY, #205  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME DEMATTE, EUGENE  
STREET ADDRESS 3019 SAMARA DR.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME BONGOLAN, LORENZO S  
STREET ADDRESS 9903 LONE TREE LANE  
CITY-ST-ZIP TAMPA FL

TITLE DPT ☐ Delete  
NAME JONES, EUGENE  
STREET ADDRESS 6395 HERITAGE RIDGE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DVS ☐ Delete  
NAME MOREAU, RAYMOND L  
STREET ADDRESS 1895 VINELAND LANE  
CITY-ST-ZIP TALLAHASSEE FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2015 Duaneville Ln.  
CITY-ST-ZIP Tallahassee FL 32311

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

850-386-6220

Daytime Phone #

CR2E034 (9/01)