

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/7/

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90264 004 \*\*\*150.00

**DOCUMENT # P01000027821**

**1. Entity Name**  
**CONCRETE SOLUTIONS & WATERPROOFING, INC.**

**Principal Place of Business**  
1255 MASON AVENUE  
DAYTONA BEACH FL 32117

**Mailing Address**  
1255 MASON AVENUE  
DAYTONA BEACH FL 32117

**2. Principal Place of Business**

**3. Mailing Address**  
180 N. Halifax Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**  
Daytona Beach, Florida

**Zip**

**Country**

**Zip**  
32176

**Country**  
USA

**4. FEI Number**

59 37055 05

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

**Name**  
RICHARD K. CHURCHMAN

**Street Address (P.O. Box Number is Not Acceptable)**

1255 MASON AVENUE

Daytona Beach, Florida 32117

**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** RICHARD K. CHURCHMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

2-22-02

**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**  
PSTD  
**NAME**  
FANNING, PATRICK J  
**STREET ADDRESS**  
1255 MASON AVENUE  
**CITY-ST-ZIP**  
DAYTONA BEACH FL 32117

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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

**Date**

**Daytime Phone #**

CR2E034 (9/01)