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2002 UNIFORM BUSINESS REPORT (UBR)			Jun 02, 2002 8:00 an
DOCUMENT #	P01600033198		Secretary of State 05-14-2002 90048 040 ***150.00
GARY CLARK CONCRETE OF ORLANDO, INC.			

Mailing Address

18928 MONROE AVE.

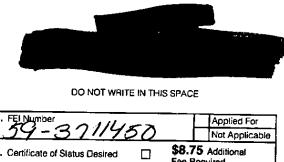
ORLANDO FL 32820

Principal Piace of Business

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18928 MONROE AVE.

ORLANDO FL 32820



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CLARK, JO ANN Street Address (P.O. Box Number is Not Acceptable) 18928 MONROE AVE ORLANDO FL 32820 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 agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01) ☐ Change ☐ Addition NAME CLARK, JO ANN NAME STREET ADDRESS 18928 MONROE AVE. STREET ADDRESS CR2E034 CITY-ST-ZIP ORLANDO FL 32820 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CLARK, GARY NAME STREET ADDRESS 18928 MONROE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32820 CITY-ST-ZIP . TITLE ☐ Delete TITLE Change ☐ Addition 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 CITY-ST-ZIP TITLE ☐ Defete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🖸 Delata ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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