

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90105 050 \*\*\*150.00

**DOCUMENT # P01000054998**

1. Entity Name

**FINAL TOUCH CONCRETE, INC.**

Principal Place of Business

11280 W SAMPLE RD UNIT 1  
 CORAL SPRINGS FL 33065

Mailing Address

11280 W SAMPLE RD UNIT 1  
 CORAL SPRINGS FL 33065

971738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, TRAVIS M**

**11280 W SAMPLE RD UNIT 1  
 CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Travis M Smith*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
 NAME **SMITH, TRACY M**  
 STREET ADDRESS **11280 W SAMPLE RD UNIT 1**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

☒ Delete

TITLE **TRAVIS M SMITH**  
 NAME **TRAVIS M SMITH**  
 STREET ADDRESS **6272 WINFIELD BLVD**  
 CITY-ST-ZIP **MARGATE, FL 33066**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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:

*Travis M Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02

Date

Daytime Phone #

954-818-6537  
 954-818-3034

CR2E034 (4/02)

Attachment 971738

7-30-02

To whom it may concern PO1000054998  
I recieved this Uniform  
Business report for the first  
time in the mail. I do know  
now to look for the business  
report at the first of every  
year. We have moved so  
I think thats why we did  
not get some of our mail.

This is also my first time  
doing the business report  
so please accept this.

Please change my name I  
don't know who Tracy Smith is.

Thank You!

Travis M Smith

954-818-6537