

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90112 050 ***150.00

DOCUMENT # P01000060005

1. Entity Name

CRN CONCRETE PUMPING, INCORPORATED

Principal Place of Business

**2901 E. CENTRAL BLVD.
 ORLANDO FL 32803**

Mailing Address

**2901 E. CENTRAL BLVD.
 ORLANDO FL 32803**

2. Principal Place of Business

2901 E Central Blvd

3. Mailing Address

2901 E Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3727156

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SIVERSON, SCOTT E

**7485 CONROY WINDERMERE RD., STE. D
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

Joyce Crawford

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

PO Box 1100596

6150 E Irlo Bronson Mem Hwy

City **St Cloud**

FL

Zip Code **34771**

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

Joyce L Crawford

Joyce L Crawford

1/25/02

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 \$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 **NOTARO, CHUCK R**
 STREET ADDRESS **2901 E. CENTRAL BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/02 407-698-6488

Date

Daytime Phone #

CR2E034 (9/01)