

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90732 036 \*\*\*150.00

**DOCUMENT # P01000063693**

1. Entity Name  
**ROCK SOLID CONCRETE PUMPING, INC.**

Principal Place of Business

**1420 PHYLLIS DR.  
 MERRITT ISLAND FL 32953**

Mailing Address

**1420 PHYLLIS DR.  
 MERRITT ISLAND FL 32953**

2. Principal Place of Business

**43 S. Atlantic Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address

**845 Australian St.**  
 Suite, Apt. #, etc.

City & State

**Cocoa Beach FL**

Zip

**32931**

Country

**BREVARD**

City & State

**Merritt Island FL**

Zip

**32953**

Country

**BREVARD**

4. FEI Number

**59-3730297**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SAWCHUK, STEVE  
 1531 VIOLET AVE.  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

**Owen Woods**

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

**845 Australian Street**

City

**Merritt Island**

**FL**

Zip Code

**32953**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/01/02**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P</b>
STREET ADDRESS	<b>Steve Sawchuk</b>
CITY-ST-ZIP	<b>2007 Cornell Ave Orlando FL 32789</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T</b>
STREET ADDRESS	<b>Owen Woods</b>
CITY-ST-ZIP	<b>845 Australian St Merritt Isl FL</b>
	<b>32953</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Owen Woods*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/01/02 321-783-6989**  
 Date Daytime Phone #

CR2E034 (9/01)