

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90065 031 ***150.00

DOCUMENT # P01000064220

1. Entity Name
GUARANTEED CONCRETE & LAYOUT INC.



Principal Place of Business
**5401 KIRKMAN ROAD
SUITE 505
ORLANDO FL 32819**

Mailing Address
**5401 KIRKMAN ROAD
SUITE 505
ORLANDO FL 32819**

11006520



2. Principal Place of Business
P.O. BOX 985
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 985
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HAINES CITY, FL

City & State
HAINES CITY, FL

4. FEI Number **59-3727468**

Applied For
☐ Not Applicable

Zip **33845** Country **USA**

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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

**LEONARD, MICHAEL B
5401 S. KIRKMAN RD SUITE 505
ORLANDO FL 32819**

Name **MICHAEL B. LEONARD**
Street Address (P.O. Box Number is Not Acceptable)
2664 COUNTRY CLUB ROAD NORTH
City **WINTER HAVEN** FL Zip Code **33881**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **LEONARD, MICHAEL B**
STREET ADDRESS **5401 KIRKMAN ROAD SUITE 505**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **LEONARD, MICHAEL B**
STREET ADDRESS **2664 COUNTRY CLUB ROAD NORTH**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

4/17/03 **863-557-6760**
Date Daytime Phone #

CR2E034 (10/02)