FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90142 032 ***150.00

90073569

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065250

1. Entity Name
SIPRELL CONSTRUCTION CONCRETE SERVICES, INC.

Principal Place of Business	Mailing Address
1405 LONG AVE PORT ST JOE, FL 32456	1405 LONG AVE PORT ST JOE, FL 32456

2. Principal Place of Business	3. Mailing Address
912 16th Street	912 16th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Joe, FL	City & State: Port St Joe, FL
Zip: 32456 Country: USA	Zip: 32456 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3726713 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIPRELL, STANLEY L
1405 LONG AVE
PORT ST JOE, FL 32456

7. Name and Address of New Registered Agent

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 X [signature] 4-3-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00 [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SIPRELL, STANLEY L	
STREET ADDRESS	1405 LONG AVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	D	☐ Delete
NAME	WATSON, JOHN D	
STREET ADDRESS	6211 GANLEY ROAD	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: X [signature] 4-3-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #