

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082846

1. Entity Name

CONSTANTINE CONCRETE, INC.



Principal Place of Business

527 SE 21 AVENUE
CAPE CORAL FL 33990

Mailing Address

527 SE 21 AVE
CAPE CORAL FL 33990

2. Principal Place of Business

1331 MORNINGSIDE DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 150682

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

CAPE CORAL, FL

Zip

33901

Country

USA

Zip

33915

Country

USA

6. Name and Address of Current Registered Agent

CONSTANTINE, JODI P

527 SE 21 AVE

CAPE CORAL FL 33990

REINSTATEMENT ⁰³

4. FEI Number 65-1137865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1331 MORNINGSIDE DR

City FT. MYERS

FL

Zip Code 33901

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

Jodi P. Constantine

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

(NOTE: Registered Agent signature required when reinstating)

7/18/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CONSTANTINE, MICHAEL A ☐ Delete
STREET ADDRESS 527 SE 21 AVE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ST
NAME CONSTANTINE, JODI P ☐ Delete
STREET ADDRESS 527 SE 21 AVE
CITY-ST-ZIP CAPE CORAL FL 33990

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 400023665464
STREET ADDRESS 10/09/03--01041--013 **\$550.00
CITY-ST-ZIP 400023665464

TITLE ☐ Change ☐ Addition
NAME 10/30/03--01047--015 **\$200.00
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael P. Constantine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03

Date

Daytime Phone #