

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90095 016 ***150.00

DOCUMENT # P01000086332

1. Entity Name
FASHIONCRETE, INC.

Principal Place of Business

611 9TH AVE S
JACKSONVILLE FL 32250

Mailing Address

611 9TH AVE S
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

3948 So. 3rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 316

City & State

City & State

JACKSONVILLE BEACH FL

Zip

Country

Zip

Country

32250

USA

4. FEI Number

59-3745113

Applied For

Not Applicable

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

BARLOW, BECKY

1125 BLACKSTONE BUILDING

233 E BAY ST

JACKSONVILLE FL 32202

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARLOW, R CASH**
STREET ADDRESS **611 9TH AVE S**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **DIRECTOR/PRESIDENT** ☒ Change ☐ Addition
NAME **R. CASH BARLOW**
STREET ADDRESS **3948 So. 3rd ST, PMB 316**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

904-270-2226

Daytime Phone #

CR2E034 (9/01)