## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P01000087494

1. Entity Name

DARRELL GOODSON CONCRETE APPLICATIONS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90211 029 \*\*\*150.00

Principal Place of Business   1288 SHT STREET MORTH					WE THE					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Cly & State   4. FEI Number 65-1142674   Applied For 1901 Applie	12895 54TH STREET NORTH		12895 54TH STREET	12895 54TH STREET NORTH						
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City & State	2. Principal Place of Business		3. Mailing Address	··· ,	<del></del>					
Zip Country Zip Country 5. Certificate of Status Desired   Applied For   Name and Address of Current Registered Agent	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Zip Country Zip Country Sip Country Sip Country Signature and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and	City & Sta	ate	City & State	City & State		4. FEI Number 65-1142674 A		<del>· · · · · · · · · · · · · · · · · · · </del>	]	
WEINSTEIN, SETH T 11440 OKEECHOBEE BOULEVARD SUITE 104 ROYAL PALM BEACH FL 33411  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am farmliar with, and accept the obligations of registered agent are steel applicable.  PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After	Zip Country		Zip -	Zip Cour		5. Certificate of Status Desired \$8.75 A		<b>\$8.75</b> Ad	Iditional	-
WEINSTEIN, SETH T  11440 OKECHOBEE BOULEVARD SUITE 104 ROYAL PALM BEACH FL 33411  SIGNATURE  SIGNAT		6. Name and Address of Curre	nt Registered Agent	<del>L</del>		7 Name and Address (4.1)			ed	_
WEINSTEIN, SETH T 11440 OKEECHOBEE BOULEVARD SUITE 104 ROYAL PALM BEACH FL 33411  City			nt riegiotered Agent		Name	7. Name and Address of Nev	Registered .	Agent		4
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The above named entity subjinits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent.  Signatur, byteed or protect name of teleplatine dispolicable. (NOTE Registered Agent signature required when remarking)  After May 1, 2003. Fee will be \$550.00  After May 1, 2003. Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11.  NAME  OFFICERS AND DIRECTORS IN 11.  PD  GOODSON, DARRELL  STREET ADDRESS  CITY-ST-ZP  WEST PALM BEACH FL 33411  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME	WEINSTE	IN SETH T			Name					ĺ
ROYAL PALM BEACH F, 33411  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature					Street Address (P.O. Box Number is Not Acceptable)				1	
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, syear or prices name of registered agent and side a applicable. (NOTE Registered Agent signature required when remarking)   DATE		*** **********************************			· · · · · · · · · · · · · · · · · · ·					7
SIGNATURE   Signature, typed or protect name of registered agent and site if applicable.   (NOTE Perpirated Agent signature required when remotating)   DATE	<u> </u>				•					1
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GUICAME REQUIRED

☐ Delete

561-248-5438

☐ Change

Addition