## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P01000089370 1. Entity Name 08-26-2002 90054 034 \*\*\*550 00 CARMEN'S CONCRETE, INC. Principal Place of Business Mailing Address 2211-6TH STREET WEST 2211-6TH STREET WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address 1802 21ST ST.W. 802 ZIST ST W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PALMETTO 4. FEI Number Applied For PAZMETTO 65-1157433 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLALOCK LANDERS WALTERS & VOGLER PA** Street Address (P.O. Box Number is Not Acceptable) **802 11TH STREET WEST BRADENTON FL 34205** 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT (4/02)TITLE ☐ Change Addition NAME CARMEN J. ZIRKELBACH NAME STREET ADDRESS 1810 ZIST ST.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARMETTO, FL VILE PRESIDENT TITLE TITLE DANIEL J. KENDZIOR Change Addition NAME NAME 2207 4ZNO ST.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34205 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

8-20-02 941-729-9820

**FILED**