

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 017 ***150.00

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DOCUMENT # P01000090418

1. Entity Name
QC CONCRETE INC.



Principal Place of Business
**334 PORTSTEWART DR
ORLANDO FL 32828**

Mailing Address
**334 PORTSTEWART DR
ORLANDO FL 32828**



2. Principal Place of Business

6835 NARCOOSEE Rd.

3. Mailing Address

6835 NARCOOSEE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 42

UNIT # 42

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32822

USA

32822

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3746164**

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

**BAXTER, GARY L
154 PORTSTEWART DR
ORLANDO FL 32828**

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

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

(NOTE: Registered Agent signature required when reinstating)

5-7-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, SONIA	
STREET ADDRESS	334 PORTSTEWART DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAXTER, GARY L	
STREET ADDRESS	154 PORTSTEWART DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	BAXTER, SANDRA I	
STREET ADDRESS	154 PORTSTEWART DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, SONIA	
STREET ADDRESS	334 PORTSTEWART DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, GARY L.	
STREET ADDRESS	154 PORTSTEWART DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, SANDRA I	
STREET ADDRESS	154 PORTSTEWART DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, STEVEN J	
STREET ADDRESS	154 PORTSTEWART DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03

Date

407-249-4907

Daytime Phone #

CR2E034 (10/02)