

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90014 023 \*\*\*150.00

**DOCUMENT # P01000090897**

1. Entity Name

**EAGLE CONCRETE SYSTEMS, INC.**

Principal Place of Business

**2121 WEST FIRST STREET  
 FT MYERS FL 33901**

Mailing Address

**2121 WEST FIRST STREET  
 FT MYERS FL 33901**

2. Principal Place of Business

**3430 WILLARD ST.**

3. Mailing Address

**PO BOX 60762**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

4. FEI Number

**65-1139624**

Applied For

Not Applicable

Zip **33916**

Country

**USA**

Zip **33906**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KINSEY, D. HUGH JR  
 2121 WEST FIRST STREET  
 FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

**MICHAEL J. LEANNAH**

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

**14619 EAGLE'S LOOKOUT CT**

City

**FORT MYERS,**

FL

Zip Code

**33912**

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

*Michael J. Leannah*

**MICHAEL J. LEANNAH, PRES.**

**4-16-2002**

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LEANNAH, MICHAEL J	
STREET ADDRESS	106 WESTGATE ROAD	
CITY-ST-ZIP	WALTHAM MA 02453	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	LEANNAH, CARMEL M	
STREET ADDRESS	106 WESTGATE ROAD	
CITY-ST-ZIP	WALTHAM MA 02453	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANNAH, MICHAEL J.	
STREET ADDRESS	14619 EAGLE'S LOOKOUT CT	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEANNAH, CARMEL M.	
STREET ADDRESS	14619 EAGLE'S LOOKOUT CT	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, WILLIAM B	
STREET ADDRESS	1382 WATSKY CREEK DR	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDALA, ANTHONY	
STREET ADDRESS	4306 SW 4TH ST	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
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		

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:

*Carmel M. Leannah*

**CARMEL M LEANNAH TREAS.**

**239-337-1972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-2002**

Daytime Phone #

CR2E034 (9/01)