

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 003 ***150.00

DOCUMENT # *P01000098401*

1. Entity Name

Ricky Kilpatrick Concrete, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3017 West 5th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8795

Suite, Apt. #, etc.

54054698

DO NOT WRITE IN THIS SPACE

City & State

Jax FL

City & State

Jacksonville

4. FEI Number

59-3748093

Applied For

Not Applicable

Zip

32254

Country

US

Zip

32239

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ricky Kilpatrick

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

955 Jorick Court West

City *Jax*

FL

Zip Code

32225

**DO NOT WRITE
IN THIS SPACE**

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

Ricky Kilpatrick

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

(NOTE: Registered Agent signature required when reinstating)

5, 5, 04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*President
Ricky Kilpatrick
955 Jorick Ct W
Jax FL 32225*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*T/M/S
Harriet Kilpatrick
955 Jorick Ct W
Jax FL 32225*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricky Kilpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5, 05, 04

Date

(904)

564-2098

Daytime Phone #

CR2E034B (12/02)