

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90088 034 \*\*\*158.75

0122149 AT

DOCUMENT # P01000098401

1. Entity Name  
RICKY KILPATRICK CONCRETE, INC.



Principal Place of Business  
5959 FORT CAROLINE ROAD  
APARTMENT #510  
JACKSONVILLE FL 32277

Mailing Address  
POST OFFICE BOX 8795  
JACKSONVILLE FL 32239

2. Principal Place of Business  
3017 W 5th Street  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 8795  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville FL  
Zip  
32254  
Country  
USA

City & State  
Jacksonville FL  
Zip  
32239  
Country  
USA

4. FEI Number 59-3544285  
59-3748093

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIETT, PARROT  
5959 FORT CAROLINE ROAD  
APARTMENT #510  
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name  
Harriett Kilpatrick  
Street Address (P.O. Box Number is Not Acceptable)  
3017 W 5th Street  
City Jacksonville FL Zip Code 32254

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 Harriett Kilpatrick Pres., Sec., manager Harriett Kilpatrick 8/19/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE PD  
NAME KILPATRICK, RICKY  
STREET ADDRESS 5959 FORT CAROLINE ROAD, APT. #510  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE PSM  
NAME HARRIETT, PARROT  
STREET ADDRESS 5959 FORT CAROLINE RD  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Ricky Kilpatrick  
STREET ADDRESS 3017 W 5th Street  
CITY-ST-ZIP Jax FL 32254 ☒ Change ☐ Addition

TITLE PSM  
NAME Harriett Kilpatrick  
STREET ADDRESS 3017 W 5th Street  
CITY-ST-ZIP Jax FL 32254 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Harriett Kilpatrick 8/19/03 564-2098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90153195  
#P01000098401

**RICKY KILPATRICK CONCRETE INC.,**

August 22, 2003

----- To Whom-It-May-Concern: -----

We did not receive our UNIFORM BUSINESS REPORT before the June deadline. Also the \$8.75 is included for the certificate of status to be mailed to us.

Should you have any questions please call (904) 564-2098 and ask for Harriett.

Thank you,

Harriett Kilpatrick

*Harriett Kilpatrick*

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P.O. Box 8795 Jacksonville, Florida 32239 (904) 564-2098