

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90712 029 \*\*\*158.75

**DOCUMENT # P01000102368**

1. Entity Name

**JOHN MCKEE CONCRETE, INC.**

Principal Place of Business

**3326 TUSKET AVE  
 NORTH PORT FL 34286**

Mailing Address

**3326 TUSKET AVE  
 NORTH PORT FL 34286**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-447699**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LANGDON, ALLEN E  
 125 FIRST AVE  
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

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.

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 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          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>MCKEE, JOHN S</b>             |                                 |
| STREET ADDRESS | <b>3326 TUSKET AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>NORTH PORT FL 34286</b>       |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>CONNORS-MCKEE, PATRICIA F</b> |                                 |
| STREET ADDRESS | <b>3326 TUSKET AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>NORTH PORT FL 34286</b>       |                                 |
| 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    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| 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

*Patricia Connors-McKee Sec*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-7-02**

**941-429-8666**

CR2E034 (9/01)

Attachment

5-7-02

866674/#D01000102368

<sup>Division</sup>  
~~Dept~~ of Corporations -

I just spoke with a lady named  
"Jo" and she instructed me to include  
this letter along with my payment of  
this UBR. I did not know what it  
was and did not realize it was something  
so important and therefore delayed in  
calling to find out what it was. This  
is our 1<sup>st</sup> year as a corporation and  
we are still learning how things need  
to be done.

Please accept our \$150<sup>00</sup> payment  
and I apologize for not submitting  
it on time.

Thank You,

Robert H. McKee, Jr.