APPROVED AND FILED

P01000107057

02 JUL -3 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107057

1. Entity Name: N-CO Concrete Structures, INC.

DO NOT WRITE IN THIS SPACE

35350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1608 BAVON Dr.	1608 BAVON Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeHona, FL	City & State: DeHona, FL.
Zip: 32725 Country: USA	Zip: 32725 Country: USA

4. FEI Number: 59-3754411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Christopher D. Morris

Street Address (P.O. Box Number is Not Acceptable): 1608 BAVON Dr.

City: DeHona FL Zip Code: 32725

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] 6/10/02

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P.+D.	TITLE	
NAME	Christopher D. Morris	NAME	
STREET ADDRESS	1608 BAVON Dr.	STREET ADDRESS	
CITY-ST-ZIP	DeHona, FL. 32725	CITY-ST-ZIP	
TITLE	V.+S.+D.	TITLE	
NAME	Sandra V. Morris	NAME	
STREET ADDRESS	1608 BAVON Dr.	STREET ADDRESS	
CITY-ST-ZIP	DeHona, FL. 32725	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: [signature] 4/30/02 386-789-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #