

APPROVED  
AND  
FILED

P01000107057

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

02 JUL -3 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000107057**

1. Entity Name  
**M-CO Concrete Structures, Inc.**

**DO NOT WRITE IN THIS SPACE**

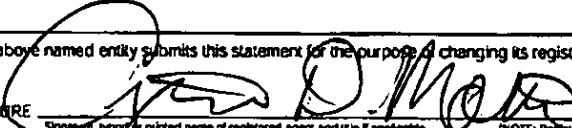
**35350**

DO NOT WRITE IN THIS SPACE

|                                                                                                        |                       |                                                                    |                       |
|--------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|-----------------------|
| 2. Principal Place of Business<br><b>1608 BAYON Dr.</b><br>Suite, Apt. #, etc.                         |                       | 3. Mailing Address<br><b>1608 BAYON Dr.</b><br>Suite, Apt. #, etc. |                       |
| City & State<br><b>DeHona, FL</b>                                                                      |                       | City & State<br><b>DeHona, FL</b>                                  |                       |
| Zip<br><b>32725</b>                                                                                    | Country<br><b>USA</b> | Zip<br><b>32725</b>                                                | Country<br><b>USA</b> |
| 4. FFI Number<br><b>59-3754411</b>                                                                     |                       | Applied For<br><input type="checkbox"/> Not Applicable             |                       |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                       |                                                                    |                       |

**DO NOT WRITE  
IN THIS SPACE**

|                                                                             |                             |
|-----------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of Current Registered Agent                             |                             |
| Name<br><b>Christopher D. Morris</b>                                        |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1608 Bayon Dr.</b> |                             |
| City<br><b>DeHona</b>                                                       | FL Zip Code<br><b>32725</b> |

|                                                                                                                                                           |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 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<br>                                                           | DATE<br><b>6/10/02</b> |

|                                                                                                                                                                     |                                                                                                                                          |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.<br>(See criteria on back) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                  |                                                |                                       |
|------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P. + D.<br/>Christopher D. Morris<br/>1608 Bayon Dr.<br/>DeHona, FL 32725</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V. + S. + D.<br/>Sandra V. Morris<br/>1608 Bayon Dr.<br/>DeHona, FL 32725</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 396-797-5565**

DATE

Daytime Phone #

CR2E034B (12/01)