

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90698 031 ***150.00

DOCUMENT # P01000116640

1. Entity Name

BEE DEPENDABLE CONCRETE, INC.

Principal Place of Business

**2417 E. 16TH CT.
 CEDAR GROVE FL 32405**

Mailing Address

**2417 E. 16TH CT.
 CEDAR GROVE FL 32405**

2. Principal Place of Business

2417 E. 16th Court

Suite, Apt. #, etc.

N/A

3. Mailing Address

2417 E. 16th Court

Suite, Apt. #, etc.

N/A

City & State

Panama City, FL

City & State

Panama City FL

Zip

32405

Country

United States

Zip

32405

Country

United States

6. Name and Address of Current Registered Agent

**BUTLER, CHERRI LYNN
 2417 E. 16TH CT.
 CEDAR GROVE FL 32405**

4. FEI Number

80-0023424

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, JOSEPH P 2417 E. 16TH CT. CEDAR GROVE FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P. Butler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Butler, Pres 2-26-02

Date

Daytime Phone #