
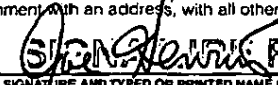


FILED  
Apr 09, 2003 8:00 am  
Secretary of State

01-21-2003 90214 048 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

1/2

<b>DOCUMENT #</b> P02000014617			
<b>1. Entity Name</b> JOE HENRION CONCRETE PUMPING INC.			
<b>Principal Place of Business</b> 250 RIDGECREST DRIVE PORT ST LUCIE FL 34953		<b>Mailing Address</b> 250 RIDGECREST DRIVE PORT ST LUCIE FL 34953	
<b>2. Principal Place of Business</b> 250 Gw Ridgcrest Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 250 Sw Ridgcrest Dr. Suite, Apt. #, etc.	
<b>City &amp; State</b> Port St. Lucie, FL		<b>City &amp; State</b> Port St. Lucie, FL	
<b>Zip</b> 34953	<b>Country</b> St. Lucie	<b>Zip</b> 34953	<b>Country</b> St. Lucie
<b>4. FEI Number</b> 71-0867249		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HENRION, JOE 250 RIDGECREST DRIVE PORT ST LUCIE FL 34953		<b>7. Name and Address of Now Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Joe C. Henrion 250 Sw Ridgcrest Dr. Port St. Lucie, FL 34953 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> 		<b>1-18-03 772-370-5395</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)