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

## Apr 24, 2003 8:00 am Secretary of State DOCUMENT # PO2000022PS3 04-24-2003 90216 003 \*\*\*158.75 Jeremie Gremler Concrete, Inc 90104348 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 482 Lestre Drive 482 Leshe Prive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Port Orange, FL FĘI Number Portorange,

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Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00

\$8.75 Additional 5. Certificate of Status Desired ũsh Fee Required 7. Name and Address of Current Registered Agent Jeremie J. Grember Street Address (P.O. Box Number is Not Acceptable) estie Drive

FILED

Applied For

Not Applicable

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.

(NOTE: Registered Agent signsture required when reinstating)

After May 1; Fee is \$550.00.
Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE *Jeremie I.* Gremler NAME yea Lestie Drive STREET ADDRESS STREET ADDRESS Port orange, FL 32127 CITY-ST-ZIP CITY-ST-ZIP TOLE OF TITLE Arthur H. Bankard NAME 3635 Donna Street Portorange, FL, 3 STREET ADDRESS STREET ADDRESS fortorange, FL, 32119 CITY-ST-ZIP CITY-ST-ZIP einte v TITLE štacy L. Gremler ypžilestrebriue NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE portorange, FL-32127 CITY ST-ZP. CITY-ST-ZIP ante 🔆 TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP πпε THE. NAME STREET ADDRESS STREET ADDRESS CTTY:ST-ZIP. CITY-ST-ZIP

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

SIGNATURE:

*386-3*04-7*0*97

CR2E034B (12/02)