

FILED
May 19, 2003 8:00 am
Secretary of State

04-30-2003 90126 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023344

1. Entity Name
HARVEY'S CONCRETE & MASONRY, INC.



00041000

Principal Place of Business
7470 NW 168TH LANE
TRENTON, FL 32693

Mailing Address
7470 NW 168TH LANE
TRENTON, FL 32693

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0611073

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, JAMES B
7470 NW 168TH LANE
TRENTON, FL 32693

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agent Signature required when registering.

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete

NAME
HARVEY, JAMES B
STREET ADDRESS
7470 NW 168TH LANE
CITY-STATE-ZIP
TRENTON, FL 32693

TITLE VS ☐ Delete

NAME
HARVEY, ELENA M
STREET ADDRESS
7470 NW 168TH LANE
CITY-STATE-ZIP
TRENTON, FL 32693

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition

NAME
Scott Joiner-SECRETARY
STREET ADDRESS
11711 NW 78th Terrace
CITY-STATE-ZIP
Chiefland, FL 32626

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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.

SIGNATURE: Elena Harvey, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03 352-463-2399

DATE

DAYTIME PHONE #

CPRE034 (10/02)