2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000041997

DOCUMENT # 1. Entity Name

CHARIOT CONCRETE CORP.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90228 023 ***150.00

)
	(
OF WE THE	

Principal Place of Business 2511 NE 12 COURT 2511 NE 12 COURT POMPANO BEACH FL 33062 Mailing Address 2511 NE 12 COURT POMPANO BEACH FL 33062										
					1					
Principal Place of Business 3. Mailing Address						 		\$ 		
Suite, Apt. #, etc. Suite, Apt.		te, Apt. #, etc.	Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	22-300986	8		plied For t Applicable
Zip	Country	Zip		Country		5. C	ertificate of Status Desired	\$8.79 Fee Re		
	6. Name and Address of Current	Register	ed Agent			7. Na	ame and Address of New Registe	red Agent		
TANKED	OARV			Name		•				
TANNER, GARY 2511 NE 12 COURT			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
POMAPNO	D BEACH FL 33062									
				City				FL Zip	Code	
	e named entity submits this statement for tions of registered agent.	or the purp	oose of changing its re	gistered office or re	gistere	ed age	nt, or both, in the State of Florida. I	am familiar	with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: Re	egistered Agent signature	required	when rein	stating) D/	ATE		
	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.			May Be
Make Check	k Payable to Florida Department o	f State					Trast Faria Contribution.		Auueu	to rees
10.	PD OFFICERS AND	DIRECTO		11.		ADC	ITIONS/CHANGES TO OFFICERS			
TITLE NAME	TANNER, GARY		☐ Delete	TITLE NAME				☐ Ch	ange	Addition
STREET ADDRESS	2511 NE 12 COURT			STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP						
TITLE	STD LINDA		Delete	TITLE				☐ Ch	ange	☐ Addition
NAME STREET ADDRESS	TANNER, LINDA 2511 NE 12 COURT			NAME STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP						
TITLE	السيماء بالخبية كيانميس		Delete	. TITLE				☐ Ch	ange	Addition
NAME				NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			11-11-2-2-12-	☐ Ch	ange	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						{
TITLE			☐ Delete	TITLE				☐ Ch	ange	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						}
TITLE				TITLE					ange	☐ Addition
NAME				NAME						
STREET ADDRESS				STREET ADDRESS CITY-ST-7IP						

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.

SIGNATURE: