

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90257 024 ***150.00

DOCUMENT # P02000058826

1. Entity Name
ELBRECHT CONCRETE, INC.



Principal Place of Business
**18116 DEEP PASSAGE LANE
FORT MYERS FL 33931**

Mailing Address
**18116 DEEP PASSAGE LANE
FORT MYERS FL 33931**

2. Principal Place of Business

23205 COCONUT SHORES
Suite, Apt. #, etc.

3. Mailing Address

23205 COCONUT SHORES
Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

55-0786693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELBRECHT, CHRISTOPHER W
18116 DEEP PASSAGE LANE
FORT MYERS FL 33931**

7. Name and Address of New Registered Agent

Name **Christopher W. Elbrecht**

Street Address (P.O. Box Number is Not Acceptable)
23205 Coconut Shores

City **Bonita Springs**

FL

Zip Code
34134

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

Christopher W. Elbrecht

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

(NOTE: Registered Agent signature required when reinstating)

2-12-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ELBRECHT, CHRISTOPHER W**
STREET ADDRESS **18116 DEEP PASSAGE LANE**
CITY-ST-ZIP **FORT MYERS FL 33931**

TITLE **D** ☐ Delete
NAME **ELBRECHT, APRIL**
STREET ADDRESS **18116 DEEP PASSAGE LANE**
CITY-ST-ZIP **FORT MYERS FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **23205 COCONUT SHORES**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **23205 COCONUT SHORES**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

April Elbrecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL ELBRECHT PRESIDENT

1/15/03

Date

877-605-9422

Daytime Phone #

CR2E034 (10/02)