

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90128 004 ***150.00

0104931 AV

DOCUMENT # P02000061385

1. Entity Name
CONCRETE BINDERS, INC.



Principal Place of Business
6900-29 DANIELS PARKWAY
SUITE 199
FORT MYERS FL 33912

Mailing Address
6900-29 DANIELS PARKWAY
SUITE 199
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

P.O. Box 1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

583 N 9th St

City & State

City & State

Immokalee FL

Immokalee

Zip

Country

Zip

Country

34143 USA

34143 USA

4. FEI Number

Applied For

04-3684408

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

MAYLE, LOVELL L
15741 QUEENSFERRY DRIVE
FORT MYERS FL 33912

Name
AMANDALO MEANS

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

583 N 9th St

City

Immokalee

FL

Zip Code

34143

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MEANS, AMANDALO	
STREET ADDRESS	6900-29 DANIELS PARKWAY, SUITE 199	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAYLE, LOVELL L	
STREET ADDRESS	6900-29 DANIELS PARKWAY, SUITE 199	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARENT, THOMAS E	
STREET ADDRESS	6900-29 DANIELS PARKWAY, SUITE 199	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, AMANDALO	
STREET ADDRESS	583 N 9th St	
CITY-ST-ZIP	Immokalee FL 34143	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYLE, LOVELL L	
STREET ADDRESS	583 N 9th St	
CITY-ST-ZIP	Immokalee FL 34143	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, THOMAS	
STREET ADDRESS	583 N 9th St	
CITY-ST-ZIP	Immokalee FL 34143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-03 941 232 5966

CR2E034 (4/03)

Attachment

90154447
#P02000061385

Concrete Binders, Inc
PO Box 583
Immokalee, FL 34143

September 5, 2003

Division Of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We are filing the uniform Business Report for 2003. Unfortunately we missed the May deadline as the previous notice was not received. Please note the change of address for our company. We thank you for help with our filing.

Sincerely,



Amandalo Means
President