

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

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

7/2

07-28-2003 90150 010 ***150.00

DOCUMENT # P02000071459

1. Entity Name
CONCRETE UNLIMITED OF LAKE WALES, INC.



Principal Place of Business
**9211 CYPRESSWOOD DRIVE
LAKE WALES FL 33898**

Mailing Address
**9211 CYPRESSWOOD DRIVE
LAKE WALES FL 33898**

55053838

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
04-3698594

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
**PERSICETTI, JOHN
9211 CYPRESSWOOD DRIVE
LAKE WALES FL 33898**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	0 PERSICETTI, JOHN 9211 CYPRESSWOOD DRIVE LAKE WALES FL 33898	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Persicetti* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2003 Date *863-646-2578* Daytime Phone #

CR2E034 (4/03)

Attachment

55053838
PO2000071459

BUNTING, TRIPP & INGLEY, LLP

Certified Public Accountants
P. O. Box 990
Lake Wales, Florida 33859-0990
Telephone (863) 676-7981
Facsimile (863) 676-8899

TO: Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

MESSAGE

August 8, 2003

SUBJECT: **Concrete Unlimited of Lake Wales, Inc.-2003 Uniform Business Report**

We are returning the 2003 Uniform Business Report to you for Concrete Unlimited of Lake Wales, Inc. Your letter stated that Block 4 must be completed. Block 4 was completed when mailed to you previously. Please continue to process the filing of this report.

Very truly yours,

BUNTING, TRIPP, & INGLEY, LLP
Certified Public Accountants

bp

Enclosure

cc: Concrete Unlimited of Lake Wales, Inc.