

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90102 022 \*\*\*550.00

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**DOCUMENT # P02000078522**

1. Entity Name

**ALL STAR CONCRETE PUMPING, INC.**



Principal Place of Business

**950 N CENTRAL AVE.  
SUITE 3  
OVIEDO FL 32765**

Mailing Address

**950 N CENTRAL AVE.  
SUITE 3  
OVIEDO FL 32765**

2. Principal Place of Business

**1726 W. Broadway St.**  
Suite, Apt. #, etc.

3. Mailing Address

**1726 W. Broadway St.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Oviedo, FL**

Zip  
**32765**

Country  
**USA**

City & State

**Oviedo, FL**

Zip  
**32765**

Country  
**U.S.A.**

4. FEI Number

**45-0482346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GILLEN, JOHN L  
2314 HOLLY RIDGE DR  
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name  
**Magie Hodges**  
Street Address (P.O. Box Number is Not Acceptable)  
**1726 W. Broadway St.**  
City **Oviedo** FL Zip Code **32765**

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

**Magie Hodges, President 9/10/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **P** ☐ Delete  
NAME **HODGES, MAGIE**  
STREET ADDRESS **107 LILLIE POND PT**  
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **T** ☒ Delete  
NAME **HODGES, MAGIE**  
STREET ADDRESS **107 LILLIE POND PT**  
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **VS** ☐ Delete  
NAME **HODGES, JAMIE**  
STREET ADDRESS **107 LILLIE POND PT**  
CITY-ST-ZIP **CHULUOTA FL 32766**

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 **P,T** ☒ Change ☐ Addition  
NAME **Hodges, Magie**  
STREET ADDRESS **1726 W. Broadway St.**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☒ Change ☐ Addition  
NAME **Hodges, Jamie**  
STREET ADDRESS **1726 W. Broadway St.**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Magie Hodges 9/10/03 407-977-2044**

Date

Daytime Phone #

CR2E034 (4/03)