


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 024 ***150.00

DOCUMENT # P02000105315

1. Entity Name
DEERFIELD CONCRETE INC.



Principal Place of Business
**268 SW 1 ST
DEERFIELD BCH FL 33441**

Mailing Address
**268 SW 1 ST
DEERFIELD BCH FL 33441**



2. Principal Place of Business
268 SW 1st St Deerfield

3. Mailing Address
268 SW 1st St

Suite, Apt. #, etc.
FLA

CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach, FLA.

City & State
Deerfield Beach FLA.

Zip
33441

Country
Broward

4. FEI Number
59-1371-557

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FULMORE, JOHN
268 SW 1 ST
DEERFIELD BCH FL 33441

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 \$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	<input type="checkbox"/> Delete
NAME	FULMORE, JOHN	
STREET ADDRESS	268 SW 1 ST	
CITY - ST - ZIP	DEERFIELD BCH FL 33441	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULMORE, RANDOLPH	
STREET ADDRESS	457 SW 1 CT	
CITY - ST - ZIP	DEERFIELD BCH FL 33443	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAYNARD, TRAVIS	
STREET ADDRESS	347 NW 6 ST	
CITY - ST - ZIP	DEERFIELD BCH FL 33441	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulmore Raynard Travis	
STREET ADDRESS	347 n.w. 6th St	
CITY - ST - ZIP	Deerfield Bch, FLA 33441	
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)(l), 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 REQUIRED** John Fulmore 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)