

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90270 046 \*\*\*150.00

0449267 AV

**DOCUMENT # P02000112273**

1. Entity Name

**HARDCORE CONCRETE CUTTING, INC.**



Principal Place of Business

**1703 NEWLAND PLACE  
VALRICO FL 33594**

Mailing Address

**1703 NEWLAND PLACE  
VALRICO FL 33594**

2. Principal Place of Business

**11805 Elyssa Rd**

3. Mailing Address

**P.O. Box 1130**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**THONOTOSASSA, FL.**

City & State

**VALRICO, FL.**

4. FEI Number

**52-2385664**

Applied For

Not Applicable

Zip

**33592**

Country

**Hillsborough**

Zip

**335945**

Country

**Hillsborough**

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

**SAXE, DANIEL L**

**205 CRYSTAL GROVE BLVD.**

**LUTZ FL 33548**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PTD CREELMAN, THOMAS** ☒ Delete  
STREET ADDRESS **1703 NEWLAND PLACE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME **PTD JOAQUIN MENDOZA** ☒ Change ☐ Addition  
STREET ADDRESS **2544 WRENCREST CIR.**  
CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE NAME **VSD MENDOZA, JOAQUIN** ☒ Delete  
STREET ADDRESS **1703 NEWLAND PLACE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME **VSD THOMAS CREELMAN** ☒ Change ☐ Addition  
STREET ADDRESS **1703 NEWLAND PL.**  
CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**(813) 684-5354**

Daytime Phone #

CR2E034 (10/02)