2003 FOR PROFIT CORPORATION.

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000126872 DOCUMENT # 05-01-2003 90257 010 \*\*\*150.00 1. Entity Name AFFORDABLE CONCRETE AND MORE, INC. Principal Place of Business Mailing Address 241 ELLIS ROAD P.O. BOX 6683 UNIT #1 MIRAMAR BEACH FL 32550 DESTIN FL 32550 US US Principal Place of Business 162 Beacon Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, TERRY L Box Number is Not Acceptable) 241 ELLIS ROAD Way 260 CDA UNIT #1 DESTIN FL 32550 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 address) K Change TIT! F ☐ Delete TITLE ☐ Addition L. Kelly NAME Kelly, Terry L NAME Beacon Way STREET ADDRESS STREET ADDRESS 241 ELLIS ROAD, UNIT #1 nta Rosa Beach CITY-ST-ZIP CITY-ST-ZIP Destin Fl 32550 ☐ Delete ☐ Addition TITLE TITI F NAME NAME Kelly, Kristina L STREET ADDRESS STREET ADDRESS 241 ELLIS ROAD, UNIT #1 CITY-ST-7IP CITY\_ST\_7IP Destin FL 32550 Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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