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

SIGNATURE:

## Apr 14, 2003 8:00 am Secretary of State P02000131445 DOCUMENT # 04-14-2003 90050 021 \*\*\*150.00 1. Entity Name PRO CRETE DESIGNS OF FLORIDA, INC. Principal Place of Business Mailing Address 1925 OXNARD COURT 1925 OXNARD COURT **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Buffington Lane 2112 Buffington Cane Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 76-0720933 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POTTER, JUDSON F JR. Box Number is Not Acceptable) 1925 OXNARD COURT **TAMPA FL 33612** nerview 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 the obligations of registered agent 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE TITLE D,P Delete NAME Potter, Judson FJR. NAME POTTER, JUDSON F JR. STREET ADDRESS STREET ADDRESS 1925 OXNARD COURT 12112 BUFFington Lane CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Kiverview, FL 33569 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS 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.

on f. Fotter, Jr 4/1/03 813-672-3687

FILED