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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 11 PM 2:55

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

DOCUMENT # P02000131661

1. Entity Name
**ADVANCED CONCRETE SOLUTIONS OF CENTRAL
FLORIDA, INC.**



Principal Place of Business
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828

Mailing Address
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
08-1885886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCARPITTI, JOHN M
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828**

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: *John M. Scarpitti*

DATE: **2/26/03**

Print name, title and address of individual who is authorized to execute this report.

(NOTE: Sign over Agent's signature (checked) when it is needed.)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCARPITTI, JOHN M
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BRIAN OAKMAN
13651 GLASCOW BLVD
ORLANDO, FL 32826**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCARPITTI, MARY E
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BRIAN OAKMAN
13651 GLASCOW BLVD
ORLANDO, FL 32826**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCARPITTI, DAVID
1133 BRIDGEWAY BOULEVARD
ORLANDO, FL 32828**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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: *John M. Scarpitti, President*

DATE: **2/26/03**

407-658-1155

REPLACES AND TYPED ON PREVIOUS EDITIONS OF FORM 00000000

Division of Corporations

3/11/03
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