

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90205 044 \*\*\*158.75

0003165 AT

**DOCUMENT # P02000134785**

**1. Entity Name**  
**EZ CONCRETE SERVICES, INC.**



**Principal Place of Business**  
1899 AGORA CIRCLE UNIT 1  
PALM BAY FL 32909

**Mailing Address**  
1899 AGORA CIRCLE UNIT 1  
PALM BAY FL 32909

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

116-1645966

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ALRON ENTERPRISES INC  
390 NARRAGANSETT ST NE  
PALM BAY FL 32909

**7. Name and Address of New Registered Agent**

Name Eugene Zaragoza

Street Address (P.O. Box Number is Not Acceptable)

1460 Sheela Ave. # 110

City Palm Bay

FL 32905

**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 Eugene Zaragoza  
Signature typed or printed name of registered agent and title if applicable.

Eugene Zaragoza, Reg. Agent

DATE 4/7/03

(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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D ZAARAGOZA, EUGENE**  
STREET ADDRESS **1899 AGORA CIRCLE UNIT 1**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☒ Change ☐ Addition  
NAME **D/P/S/T Zaragoza Eugene**  
STREET ADDRESS **1460 Sheela Ave. # 110**  
CITY-ST-ZIP **Palm Bay FL 32905**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: Eugene Zaragoza **Eugene Zaragoza President** 4/7/03 (321)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)