FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000117276

1. Entity Name
Concorde Construction Group Inc.

FILED
04 AUG 19 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
306 Glenlyon Dr.	P.O. Box 394
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, Fl	City & State: Jax, Fl
Zip: 320734243 Country: Clay	Zip: 32207 Country: Duval

4. FEI Number 57-1191316 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: David S. Wainer III
Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Blvd
Suite 600
City: Jax FL Zip Code: 32207

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	President
NAME	Robert M. Barnes	NAME	
STREET ADDRESS	306 Glenlyon Dr.	STREET ADDRESS	
CITY-ST-ZIP	Orange Park, Fl	CITY-ST-ZIP	100040686061 08/31/04 01022 017 **550.00
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CR2E034 (12/03)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #