

2005 FOR PROFIT CORPORATION REINSTATEMENT

758 75

FILED

05 NOV 17 PM 4:11

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000011229

1. Entity Name
BUDGET CONCRETE CUTTING, INC.



Principal Place of Business
9950 TEEGER RD.
JACKSONVILLE, FL 32226

Mailing Address
9950 TEEGER RD.
JACKSONVILLE, FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2005

4. FEI Number
27-0075339

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, JOHN H
9950 TEEGER RD.
JACKSONVILLE, FL 32226

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 Becker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-14-05

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

500061523625
11/17/05--01050--008 **758.75

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BECKER, MICHAEL J
STREET ADDRESS 9950 TEEGER RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226 ☒ Delete

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

TITLE V
NAME BECKER, JOHN
STREET ADDRESS 9950 TEEGER RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226 ☐ Delete

TITLE P
NAME Becker, John
STREET ADDRESS 9950 Teeger Rd, Jacksonville, FL 32226 ☒ Change ☐ Addition

TITLE V
NAME RIDEOUT, T
STREET ADDRESS 9950 TEEGER RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05 334-9248

Date Daytime Phone #

(904)