2005-2006

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

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

DOCUMENT # P04000042/24 1. Entity Name



LHS & Sons Concrete Inc

DO NOT WRITE IN THIS SPACE

<u> </u>	3 1 30110 - 111	we some				- -		
DO NOT WRITE IN THIS SPACE						SEURE HALY OF STATE TALLAHASSEE, FLORIDA		
2. Principal P	Place of Business	3. Mailing Address 260(0/d St Augustine						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State Tull Ahasee 4C			4. F	Number 4 505 9	Applied For Not Applicable	
Zip	Country	3230/	30/ Leon			5. Certificate of Status Desired \$8.75 Additional Fee Required		
					7. Name and Address of Current Registered Agent			
· Name /					!!	111 6 0 /21.		
DO NOT WRITE Street Address (F					10//	ell Singleton		
				Street Address (P.O. Box Number is Not Acceptable) 200/0/5 5t, Hugustin Kd				
IN THIS SPACE				TAILA Masser 17C				
				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.								
		11						
SIGNATU RE	I well dry	1 low						
(Signature, typed or printed name of registered and ar	nd title if applicable. (NOT	E. Registered Aç	gent signature require	ed when reins	lating)	DATE	
January 1 - May 1 Fee is \$150.00								
After May 1, Fee is \$550.00 Amended UBR is \$61.25							- WOLOO May De	
Make Check Payable to Florida Department of State						Trust Fund Contribution.	☐ Added to Fees	
10. OFFICERS AND DIRECTORS					l			
	OFFICERS AND L	JINEO I ORG		·····				
TITLE NAME	Lignels of le far	wester SAME	TITLE				$\sim 10^{\circ}$	
STREET ADDRESS	Pres. 2001 old sta	ed Kandres	NAME			STATEMENT		
CITY-ST-ZIP	Tallowne #1:37	25/ 20/ 3		TID SCHOOL		PIN CINETA		
CITT-SI-ZIP	210114 11 3/11) rejon	CITY-ST	-ZIP 2 2 2 2	FIRE CAL	9002-		
TITLE	Vic Presusing	Letro	TITLE	1		200066204	4602	
NAME	Clorell 1, July	5	NAME		0	2/20/060105400)1 **315.00	
STREET ADDRESS	2001 Old STA	wastine Ro	STREET A	- 1	_			
CITY-ST-ZIP	Tall Hy noscer jt	32711	CITY-ST	-ZIP				
TITLE	sec.	i la u A	TITLE					
NAME	Veronica Bi	SHOT	NAME					
STREET ADDRESS	2959 Appalach	e pky way	STREET A	NDORESS		DO NOT W	DITE	
CITY-ST-ZIP	Tallatrose 76	14pt, C-93	CYY-ST	-ZIP		DO MOI AA	1/11 7	
TITLE	HONAUM SING	10 total	TITLE			IN THIS SP	MCE /	
NAME	BOOKEPPER	1	NAME			117 11113 35	70L /	
STREET ADDRESS	DARREA SINS	you	STREET A	ADDRESS		^		

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

SIGNATURE: THE NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

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