

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90076 036 \*\*\*150.00

**DOCUMENT # P93000008317**

1. Entity Name

**RICHARD L. ROQUEPLOT CONCRETE/MASONRY, INC.**

Principal Place of Business

Mailing Address

12161 GROSSPOINT AVENUE  
 PORT CHARLOTTE FL 33981

12161 GROSSPOINT AVENUE  
 PORT CHARLOTTE FL 33981-1949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0384947**

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROQUEPLOT, RICHARD L**  
**12161 GROSSPOINT AVENUE**  
**PORT CHARLOTTE FL 33981**

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.

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)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000, Fee will be \$550.00.**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** may  
 be Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS' AND DIRECTORS' IN 11.

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ROQUEPLOT, RICHARD L**  
 CITY-ST-ZIP **12161 GROSSPOINT AVENUE**  
**PORT CHARLOTTE FL 33981**

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

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 CITY-ST-ZIP

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 Block changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

941-697-43