

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024348

1. Entity Name
M.J.S. CONCRETE, INC.

Principal Place of Business

1320 OLD MIMS RD
GENEVA FL 32732
US

Mailing Address

1320 OLD MIMS RD
GENEVA FL 32732
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SERGI, LOANNE Y
3601 N. ST. ROAD 426
GENEVA FL 32732

7. Name and Address of New Registered Agent

Name
Sergi, Loanne Y.
Street Address (P.O. Box Number is Not Acceptable)
1320 Old Mims Road
City
Geneva FL Zip Code
32732

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 *Loanne Y. Sergi, Treasurer*
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 elect to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERGI, MICHAEL J 1320 OLD MIMS RD GENEVA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERGI, LOANNE Y 1320 OLD MIMS RD GENEVA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90004 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)