# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003**
**Secretary of State**

DOCUMENT# P93000048868

**Entity Name:** WILLIAMS BROS. CONCRETE, INC.

**Current Principal Place of Business:**

4230 CANOE CREEK ROAD
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4230 CANOE CREEK ROAD
ST CLOUD, FL 34772

**New Mailing Address:**

**FEI Number: 59-3192379** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, JOLENE
4230 CANOE CREEK RD.
ST CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V (X) Delete
Name: WILLIAMS, DAVE
Address: 4230 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: P ( ) Delete
Name: WILLIAMS, JOLENE
Address: 4230 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: T ( ) Delete
Name: WILLIAMS, JARET
Address: 4230 CANOE CREEK RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WILLIAMS, JOLENE
Address: 4230 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: P (X) Change ( ) Addition
Name: WILLIAMS, JARET D
Address: 4170 PACKARD
City-St-Zip: SAINT CLOUD, FL 34772

Title: T ( ) Change (X) Addition
Name: WILLIAMS, HEATH A
Address: 4230 CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: V ( ) Change (X) Addition
Name: WILLIAMS, SPENCER R
Address: 4230 CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLENE WILLIAMS S 05/01/2003

Electronic Signature of Signing Officer or Director — Date