

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 015 ***150.00

DOCUMENT # P93000050294

1. Entity Name

Stringfellow Concrete, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 Rosetree Lane
Suite, Apt. #, etc.

3. Mailing Address

1025 Rosetree Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

4. FEI Number

59-3187996

Applied For

Not Applicable

Zip

34689

Country

US

Zip

34689

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sherry Stringfellow

Street Address (P.O. Box Number is Not Acceptable)

1025 Rosetree Lane

City

Tarpon Springs

FL

Zip Code

34689

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.28

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	P
NAME	Sherry Stringfellow
STREET ADDRESS	1025 Rosetree Ln
CITY - ST - ZIP	Tarpon Springs FL 34689 ✓
TITLE	VP
NAME	Phillip Stringfellow
STREET ADDRESS	1025 Rosetree Ln
CITY - ST - ZIP	Tarpon Springs FL 34689 ✓
TITLE	S
NAME	Bobby Lawson
STREET ADDRESS	1470 Ventnor Ave.
CITY - ST - ZIP	Tarpon Springs FL 34689 ✓
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry Stringfellow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Stringfellow

4/30/02

Date

727-934-8781

Daytime Phone #

CR2E034B (12/01)