

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90037 045 \*\*\*158.75

**DOCUMENT # P93000072757**

1. Entity Name

**DANIELS CONCRETE PUMPING, INC.**

Principal Place of Business

Mailing Address

**1620 YVONNE ST  
 APOPKA FL 32712**

**1620 YVONNE ST  
 APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

**21030 County Rd 44-A**  
 Suite, Apt. #, etc.

**21030 County Rd 44-A**  
 Suite, Apt. #, etc.

City & State

City & State

**Eustis, FL**

**Eustis, FL**

Zip

Country

Zip

Country

**32726**

**32726**

4. FEI Number

**59-3201550**

Applied For

Not Applicable

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

**DANIELS, DONALD  
 1620 YVONNE ST  
 APOPKA FL 32712**

Name

**BRYAN CLARK**

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

**21030 County Rd. 44-A**

City

**Eustis**

**FL**

Zip Code

**32726**

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

**BRYAN CLARK Pres.**

*[Signature]*

**4-16-02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPP	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, DONALD	
STREET ADDRESS	1620 YVONNE STREET	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN CLARK	
STREET ADDRESS	21030 County Rd. 44-A	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BRYAN CLARK**

**4-16-02**

**352-483-3240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)