

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 050 ***150.00

DOCUMENT # P93000080904

1. Entity Name
CUSTOM CRETE, INC.

Principal Place of Business

2519 WILLIAMS RD
 PLANT CITY FL 33565
 US

Mailing Address

2519 WILLIAMS RD
 PLANT CITY FL 33565
 US

00052601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2107 E. College Ave

3. Mailing Address

3101 Blount Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10

City & State

Ruskin FL

City & State

Dover, FL

4. FEI Number

59-3224802

Applied For

Not Applicable

Zip

33570

Country

US

Zip

33527

Country

US

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

CALLAHAN, DANIEL J.
 2519 WILLIAMS RD
 PLANT CITY FL 33565

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: *Daniel J. Callahan* *Daniel J. Callahan* *1-30-2001*
 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!!! FEES \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input type="checkbox"/> Delete
NAME	CALLAHAN, DANIEL J.	
STREET ADDRESS	2519 WILLIAMS RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLLEEN, PAUL	
STREET ADDRESS	3101 BLOUNT RD LOT 10	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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: *Colleen Paul* *Colleen Paul* *1-30-01* *813-478-9011*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)