

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082309

1. Entity Name

PRECAST STRUCTURES INT'L., INC.

Principal Place of Business

218 COMMERCIAL BLVD.  
SUITE 201  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

218 COMMERCIAL BLVD.  
SUITE 201  
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

4619 Poinciana St.

Suite, Apt. #, etc.

#2

City & State

Fort Lauderdale, FL

Zip

33308

Country

US

3. Mailing Address

4619 Poinciana St.

Suite, Apt. #, etc.

#2

City & State

Fort Lauderdale, FL

Zip

33308

Country

US

6. Name and Address of Current Registered Agent

BISHOP, ROBERT J

4619 POINCIANA STREET #2

LAUDERDALE BY THE SEA FL 33308

7. Name and Address of New Registered Agent

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

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, 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	<input type="checkbox"/> Delete
DP	SHAW, M. JAMES	2151 N.E. 51 COURT	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
DVTS	BISHOP, ROBERT J	4619 POINCIANA STREET #2	LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/>
DV	ELLIS, WILLIAM S	3050 N.E. 47 COURT	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
D	BLAKSLEY, HAROLD E.	2756 N.E. 35TH STREET	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
DV	BOBBITT, E.I.	3117 S. CASPER PL	TITUSVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90253 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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