

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91516 003 ***150.00

DOCUMENT # P94000013843

1. Entity Name
MIDWEST CONCRETE, INC.

Principal Place of Business
1371 17TH STREET S.W.
NAPLES FL 34117

Mailing Address
1371 17TH STREET S.W.
NAPLES FL 34117

404000



DO NOT WRITE IN THIS SPACE

New Address as of July 1, 2002

2. Principal Place of Business
4240 5th Ave SW
 Suite, Apt. #, etc.

3. Mailing Address
4240 5th Ave SW
 Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0471666

Applied For
 Not Applicable

Zip
34119

Country
Collier

Zip
34119

Country
Collier

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

BLUMMER, GEORGE
1371 17TH STREET S.W.
NAPLES FL 34117

Name
New address as of July 1, 2002
 Street Address (P.O. Box Number is Not Acceptable)
4240 5th Ave SW
 City **Naples** **FL** Zip Code **34119**

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 George Blummer, President / Same
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
BLUMMER, GEORGE F. III
1371 17TH ST. S.W.
NAPLES FL 34117 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
BLUMMER, KELLY
1371 17TH ST SW
NAPLES FL 34117 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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: KCOA REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 **353-1705**
 Date Daytime Phone #

CR2E034 (9/01)