

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90029 041 ***150.00

DOCUMENT # P94000024581

1. Entity Name
E.C. CONCRETE, INC.

Principal Place of Business

**1159 BEACH BLVD.
 JACKSONVILLE, FL 32250
 US**

Mailing Address

**P O BOX 49180
 JACKSONVILLE BEACH FL 32240
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3231248**

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

**HATHAWAY, RICHARD G
 7077 BONNEVAL RD.
 SUITE 200
 JACKSONVILLE FL 32216**

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, 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 **P SCHWARTZENBERGER, GREGORY A** ☐ Delete
 STREET ADDRESS **862 2ND STREET**
 CITY-ST-ZIP **NEPTUNE BEACH FL**

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

TITLE _____
 NAME **S YOUNG, M DOLORES** ☐ Delete
 STREET ADDRESS **12006 ARBOR LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE _____
 NAME **T. ISSAC, ROBERT A** ☐ Delete
 STREET ADDRESS **42 TREEWOOD ROAD**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 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)(f), 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: M. Delores Young **SIGNATURE REQUIRED** M. Delores Young 1/10/02 (904) 241-4462
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)