

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055584

1. Entity Name
SOUTHEAST CONCRETE PUMPING, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90060 021 ***150.00

Principal Place of Business

1528 MOYLAN RD
PANAMA CITY FL 32408
US

Mailing Address

6220 S. LAGOON DR
PANAMA CITY FL 32408
US

00036230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32407

Country

3. Mailing Address

1528 Moylan Rd

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32407

Country

USA

4. FEI Number 59-3262377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES D
6220 S. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name DAVID K. WALKER

Street Address (P.O. Box Number is Not Acceptable)
905 W. 16th St.

City

Lynn Haven

FL

Zip Code

32444

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

David K. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/01

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	P	☒ Delete
NAME	WALKER, JAMES D	
STREET ADDRESS	6220 S. LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VS	☒ Delete
NAME	WALKER, NANCY E	
STREET ADDRESS	6220 S. LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VT	☐ Delete
NAME	WALKER, DAVID K	
STREET ADDRESS	6217A S LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☒ Change ☐ Addition
NAME	WALKER, DAVID K.	
STREET ADDRESS	905 W. 16th St.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	VS	☐ Change ☒ Addition
NAME	Cynthia A. WALKER	
STREET ADDRESS	905 W. 16th St.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

David K. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

850-234-9055

Daytime Phone #

CR2E034 (10/00)