

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90132 028 \*\*\*150.00

**DOCUMENT # P94000067308**

1. Entity Name  
**HI-TEC CONCRETE, INC.**



Principal Place of Business  
**3501 5TH ST SW  
LEHIGH ACRES FL 33971  
US**

Mailing Address  
**3501 5TH ST SW  
LEHIGH ACRES FL 33971  
US**



2. Principal Place of Business

**11542 Charles Terrace**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 845**  
Suite, Apt. #, etc.

City & State  
**Ft. Myers, FL**

City & State  
**Lehigh Acres, FL**

4. FEI Number **65-0517225**

Applied For  
Not Applicable

Zip  
**33907**

Country  
**U.S.A.**

Zip  
**33907**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LINZALONE PHILIP  
3501 5TH ST SW  
LEHIGH ACRES FL 33971**

7. Name and Address of New Registered Agent

Name  
**Philip Linzalone**  
Street Address (P.O. Box Number is Not Acceptable)  
**11542 Charles Terrace**  
**Ft. Myers, FL**  
City  
**FL** Zip Code  
**33907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>PAPADOPOULOS, GIOVANNI</b>	
STREET ADDRESS	<b>3501 5TH STREET SW</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>LINZALONE, PHILIP P</b>	
STREET ADDRESS	<b>3501 5TH STREET SW</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Papadopoulos, Giovanni</b>	
STREET ADDRESS	<b>11542 Charles Terrace</b>	
CITY-ST-ZIP	<b>Ft. Myers, FL 33907</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linzalone, Philip P.</b>	
STREET ADDRESS	<b>11542 Charles Terrace</b>	
CITY-ST-ZIP	<b>Ft. Myers, FL 33907</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** Philip Linzalone **02-28-03** **239-931-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)