## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000087192** \* \*\*\* 1. Entity Name AN BOLLEY LAMB CONCRETE, INC. IAL

## **FILED** May 08, 2000 8:00 am Secretary of State

05-08-2000 90197 019 \*\*\*150.00

CONCRETE INC. B71 DIVINE WAY TALLAMSSEE FI. 3208-8990 US Suite. Apt. # etc. Suite. Apt. # etc. DO NOT WRITE IN THIS SPACE  City & State Country Zp Country S. Certificate of Status Deared Set. **Spanish Application Set. **Spanish Applicat												
TALLAHASSEE FL 3208 US  2. Principal Place of Business  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Do Not Write in this Sinace  City & State  C	Principal Place of Business Mailing Address											
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Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    Corp & State   City &	· ·											
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Zio Country Zip Country 5. Certificate of Status Descred 5.8, 75. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8.77 DIVINE WAY TALLAHASSEE FL 32308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Spinum, typed or shreed name of inquience agent entities Applicable. (POTE Registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Spinum, typed or shreed name of inquience agent entities Applicable. (POTE Registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Spinum, typed or shreed name of inquience agent entities Applicable. (POTE Registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Spinum, typed or shreed name of inquience agent entities Applicable. (POTE Registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Spinum, typed or shreed name of inquience agent entities Agent	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
### Addition    Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	City & State			City & State			<b>4.</b> F	El Number 59-331073	5	_		
C. Name and Address of Current Registered Agent  LAMB, TOMMY 8771 DIVINE WAY TALLAHASSEE FL 32308  8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter A agriculate.  (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signame, typed or privact name all registered agent and liter Agent all registered agent, or both, in the State of Florida.  10. Election Campaging Financing Trust Fund Contribution.  Added to Florida.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  LAMB, TOMANY  SIRES ADMESS  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  8771 DIVINE WAY  TALLAHASSEE FL 32308  Delete  TITLE  LAMB, MELISSA  87	Zip	<u> </u>	Country	Zip	Cour	Country		Dertificate of Status Desired		8.75 Ad	ditional	
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LAMB, TOMNY 8771 DIVINE WAY TALLAHASSEE FL 32308  City FL Zip Code		6. Name	and Address of Current I	tegistered Agent		Name	7. 1	Name and Address of New P	legistered A	gent		
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.  Signatur, typed to printed rame of implayed agent evid like a applicable.  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INITE  LAMB, TOMMY  8/71 DIVINE WAY  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  LAMB, TOMMY  8/71 DIVINE WAY  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  LAMB, LILLIE  LAMB, LILLIE  DL  LAMB, LILLIE  NAME  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  LAMB, TOMMY  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1/2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1/2 Change Addition	1 AM	D TOMAY			1,1	الم المرابع						
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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: