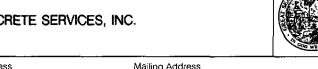
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000004454

BEACH'S SHOTCRETE SERVICES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90230 015 ***150.00

Principal Place of Business 11834 ROYALTEE CT CAPE CORAL FL 33991 US 2. Principal Place of Business				Mailing Address 11834 ROYALTEE CT CAPE CORAL FL 33991 US 3. Mailing Address										
Suite, Apt. #, etc				Suite, Apt, #:etc.				CHECK-HERE-IE MAKING-CHANGES						
City & State			City	City & State			4.	4. FEI Number 65-0551455				Applied For Not Applicable		
Zip		Country	Zip	Zip Cour			fry 5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name	and Address of	Current Registere	egistered Agent			7. Name and Address of New Registered Agent							
BEACH, RUSSELL 11834 ROYALTEE CT							Name Street Address (P.O. Box Number is Not Acceptable)							
CAPE CORAL FL 33991														
	4						City FL Zip Code							
	named entity ions of regist		ement for the purpo	ose of changing its	registered	d office or r	egistered ag	gent, or b	oth, in the S	tate of Flo	rida., I am f	amiliar with	and accept	
SIGNATURE .	Cinatus toned			inchia (NOTE	- Bacintarad	A and simple	e required when r	niestation)			DATE			
SIGNATURE Signature, typed or printed name of registered agent and				, - <u></u>				·9. E	lection Can rust Fund C		ancing		00 May Be d to Fees	
10. OFFICERS AND C				DIRECTORS 11.			ΑŪ	DITIONS	S/CHANGE	S TO OFF	ICERS AND	DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEACH, R 11834 RO' CAPE COR	ALTEE CT		☐ Delete		T ADORESS ST-ZIP						☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS						Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP						Change	Addition	
TITLE NAME -STREET ADDRESSCITY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADORESS		<u> </u>		inter and -		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		~		· ·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS ST-ZIP						Change	Addition	

12. I hereby certify that the information supplied with this fiting 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 his 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 all other like empowered.

SIGNATURE: