

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90013 017 ***150.00

DOCUMENT # P95000009024

1. Entity Name

FLORIDA CONCRETE CULVERT CORP.

Principal Place of Business

25750 CITY RD 561
ASTATULA FL 34705

Mailing Address

P.O. BOX 435
ASTATULA FL 34705

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 59-3374262

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

WHYBREW, TERESA
25752 COUNTY RD 561
ASTATULA FL 34705-0435

Name

JOHN SONNENTAG

Street Address (P.O. Box Number is Not Acceptable)

1621 EDGEWATER DR.

City

MOUNT DORA

FL

Zip Code

32757

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

John Sonnentag

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME SONNENTAG, TIM
STREET ADDRESS 1003 SONNENTAG LANE
CITY-ST-ZIP MARATHON WI ☒ Delete

TITLE PD
NAME JOHN SONNENTAG
STREET ADDRESS 25750 CTY RD. 561
CITY-ST-ZIP ASTATULA, FL 34705 ☒ Change ☐ Addition

TITLE PD
NAME SONNENTAG, WILLIAM
STREET ADDRESS 310 FIRST STREET
CITY-ST-ZIP MARATHON WI ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John Sonnentag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-01

Daytime Phone #

CR2E034 (10/00)