

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022796

1. Entity Name  
TOM'S CONCRETE PUMP RENTAL, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90073 044 \*\*\*150.00

Principal Place of Business  
1846 S. GLENCOE ROAD  
NEW SMYRNA BEAC FL 32168

Mailing Address  
1846 S. GLENCOE ROAD  
NEW SMYRNA BEAC FL 32168

2. Principal Place of Business

1846 S. Glencoe Rd  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

New Smyrna B. Fl.

City & State

Same

4. FEI Number 59-3309240

Applied For

Not Applicable

Zip

Country

32168 Volusia

Zip

Country

Same Same

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

DEESE, LAURA L  
1846 S. GLENCOE ROAD  
NEW SMYRNA BEAC FL 32168

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
NAME DEESE, TOMMY  
STREET ADDRESS 1846 S. GLENCOE ROAD  
CITY-ST-ZIP NEW SMYRNA BEAC FL 32168

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

TITLE ☐ Delete  
NAME DEESE, LAUREL L  
STREET ADDRESS 1846 S. GLENCOE ROAD  
CITY-ST-ZIP NEW SMYRNA BEAC FL 32168

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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:

Tommy Deese Tommy Deese  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/01  
Date

904 423 5371  
Daytime Phone #

CR2E034 (10/00)