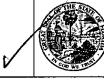
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P9500025595

1. Entity Name

CUMBIE CONCRETE COMPANY



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90398 025 ***150.00

Principal Place of Business 4871 WOODLANE CIRCLE TALLAHASSEE FL 32301	Mailing Address 4871 WOODLANE CIRCLI TALLAHASSEE FL 32301	E				
2. Principal Place of Business	3. Mailing Address		#	T THE STREET HER TRIBLE BIND BEING BEING BEING BEING BINDE BINDE BEING B		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number FO 2004747	Applied For		
			4. FEI Number 59-3321747	Not Applicable		
Zip Country	Zip	Country	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	f Agent			

FAIRCLOTH, SANDRA 228 FRANCIS MAPLES DRIVE TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent					
Name	•				
		•			
Street Addre	ss (P.O. Box Numbe	er is Not Accept	able)		
					
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be

Make Check Payable to Florida Department of State		Trust Fund Contribution. L.I Added to Fees
10. OFFICERS AND DIRECTORS	11 . A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete CUMBIE, B.T. 8649 COACH ROAD TALLAHASSEE FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE VPFO Delete NAME FAIRCLOTH, SANDRA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 Delete TALLAHASSEE FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPDO Delete NAME STREET ADDRESS 6517 SAYLERS CREEK ROAD CITY-ST-ZIP TALLAHASSEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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 attachmen with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #