

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90387 027 ***150.00

DOCUMENT # P95000026448

1. Entity Name

DECOCRETE OF DESTIN, INC.

Principal Place of Business

**555 FIRE HOUSE ROAD
 DESTIN FL 32541**

Mailing Address

**555 FIRE HOUSE ROAD
 DESTIN FL 32541**

2. Principal Place of Business

435 S. County Rd. 393

3. Mailing Address

435 S. County Rd. 393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

4. FEI Number

59-3365891

Applied For

Not Applicable

Zip

32459

Country

US

Zip

32459

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHIPES, H K

**555 FIRE HOUSE ROAD
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **Shipes, H. K.**

Street Address (P.O. Box Number is Not Acceptable)
435 S. County Rd. 393

City

Santa Rosa Beach

FL

Zip Code
32459

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

4-26-02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SHIPES, H. KEITH**
 STREET ADDRESS **555 FIRE HOUSE ROAD**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Shipes, H. Keith**
 STREET ADDRESS **435 S. County Rd. 393**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

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

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

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

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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:

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

4-26-02 (850)267-1203

Date

Daytime Phone #

CR2E034 (9/01)