

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90027 024 \*\*\*150.00

**DOCUMENT # P95000027933**

1. Entity Name  
**QUIK CUT, CONCRETE CUTTING INC.**

Principal Place of Business <b>1431 N.E. 53RD STREET          FT. LAUDERDALE FL 33334</b>	Mailing Address <b>1431 N.E. 53RD STREET          FT. LAUDERDALE FL 33334</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>800 NE 45th St</b> Suite, Apt. #, etc. <b>Bldg C</b> City & State <b>FL Lauderdale FL</b>	3. Mailing Address <b>800 NE 45th St</b> Suite, Apt. #, etc. <b>Bldg C</b> City & State <b>FL Lauderdale FL</b>
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4. FEI Number <b>65-0578302</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BISHOP, JIM          1431 N.E. 53RD STREET          FT. LAUDERDALE FL 33334</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAILTON, FRED</b> <b>1431 N.E. 53RD STREET</b> <b>FT. LAUDERDALE FL 33334</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HAMILTON, FRED</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BISHOP, RICK</b> <b>1431 N.E. 53RD STREET</b> <b>FT. LAUDERDALE FL 33334</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BISHOP, JIM</b> <b>1431 N.E. 53RD STREET</b> <b>FT. LAUDERDALE FL 33334</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ Date: **4/3/01** Daytime Phone #: **954-776-5188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)