2002 UNIFORM BUSINESS REPORT (UBR)

P95000045936 **DOCUMENT #**

1. Entity Name

RANDY'S CONCRETE, INC.

Principal Place of Business

Mailing Address

8476 HILMA ROAD JACKSONVILLE FL 32244 8476 HILMA ROAD JACKSONVILLE FL 32244

FILED Mar 25, 2002 8:00 am Secretary of State

03-25-2002 90003 046 ***150.00



2. Principal Place of Business		3. Mailing Address		1 18811881 119 18191 2151 2011 AND 11	ISOL BILLO LOCAD	iilifa šiit 1981		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. 1	59-3317103	 -	pplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	fitional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	Name	Name						
_ DAVIS, JOHN D			Street Address (P.O. Box Number is Not Acceptable)					
8362 103 STREET								
JACKSONVILLE FL 32210								
	THELE TE SEE TO							
<i>:</i> 	/		City		FL	Zip Code	9	
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	d title if applicable. (NOTE: Reg	gistered Agent signature re	quired when re	einstating) DATE	·		
9 This corne	pration is eligible to satisfy its Intendible	FILE NOWILL	EE IS \$150.00					
			Fee will be \$550.	00	10. Election Campaign Financing	\$5.0	May Be	
(See criteria on back) Make Check Payable					Trust Fund Contribution.	J Added	to Fees	
11. OFFICERS AND DIRECTORS		12.	AD	I DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11		
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	CLARK, RANDY		NAME					
STREET ADDRESS	8476 HILMA ROAD		STREET ADDRESS		•		1	
CITY-ST-ZIP	JACKSONVILLE FL 32244		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		'	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		المراوع والمحاصلات	NAME:	-	~ -		1	
STREET ADDRESS			STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			CITY-ST-ZIP					
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TITLE		☐ Delete	TITLE	-		☐ Change	☐ Addition	
NAME			NAME				Ì	
STREET ADDRESS	•		STREET ADDRESS				1	

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.

CITY-ST-ZIP