

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90018 043 ***150.00

0603523 AV

DOCUMENT # P95000047453

1. Entity Name
ROCK SOLID CONCRETE, INC.

Principal Place of Business

~~2314 42ND ST SW~~
NAPLES FL 34116
US

Mailing Address

~~2314 42ND ST SW~~
NAPLES FL 34116
US

00043857



2. Principal Place of Business

3271 17th Av. S.W.

Suite, Apt. #, etc.

3. Mailing Address

3271 17th Av. S.W.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

Zip
34117

Country
USA.

City & State

Naples, Florida

Zip
34117

Country
USA.

4. FEI Number

65-0592013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLUMMER, SCOTT A

~~2314 42ND ST SW~~

~~NAPLES FL 34116~~

7. Name and Address of New Registered Agent

Name

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

3271 17th Av. S.W.

City

Naples

FL

Zip Code

34117

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 reinstalling)

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **PLUMMER, SCOTT A**
 CITY-ST-ZIP **2314 42ND ST SW**
NAPLES FL

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **PLUMMER, DEBORAH J**
 CITY-ST-ZIP **2314 42ND ST SW**
NAPLES FL

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **PLUMMER, TROY A**
 CITY-ST-ZIP **2136 SE 8 AVE**
CAPE CORAL FL 33990

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 ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **PLUMMER, SCOTT A.**
 CITY-ST-ZIP **3271 17th Av. S.W.**
NAPLES, FL. 34117

TITLE ☒ Change ☐ Addition
 NAME **STD**
 STREET ADDRESS **PLUMMER, DEBORAH J.**
 CITY-ST-ZIP **3271 17th Av. S.W.**
NAPLES, FL. 34117

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

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

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

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

President 3-4-02
 Date

(941) 455-0450
 Daytime Phone #

CR2E034 (9/01)