

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90411 020 \*\*\*158.75

**DOCUMENT # P95000053817**

1. Entity Name  
**ABC CEMENT CORP.**



Principal Place of Business  
**218 COMMERCIAL BLVD.  
SUITE 101F  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**218 COMMERCIAL BLVD. STE 101G  
LAUDERDALE BY THE SEA FL 33308**



2. Principal Place of Business  
**1121 E. Commercial Blvd**

3. Mailing Address  
**1431 S. Ocean Blvd**

Suite, Apt. #, etc.  
**Box #15**

Suite, Apt. #, etc.  
**#64 Palm Club**

City & State  
**Fort Lauderdale, FL**

City & State  
**Lauderdale By The Sea, FL**

Zip  
**33334**

Country  
**US**

Zip  
**33062**

Country  
**US**

4. FEI Number  
**65-0599091**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**KIRKPATRICK, W D  
218 COMMERCIAL BLVD.  
STE 101-F  
LAUDERDALE BY THE SEA FL 33308**

## 7. Name and Address of New Registered Agent

Name  
**1121 East Commercial Blvd**  
Street Address (P.O. Box Number is Not Acceptable)  
**Box 15**  
City  
**Fort Lauderdale** FL Zip Code  
**33334**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KIRKPATRICK, W D 218 COMMERCIAL BLVD STE 101F LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST KIRKPATRICK, C W 218 COMMERCIAL BLVD STE 101F LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIRKPATRICK, T D 218 COMMERCIAL BLVD STE 101 F LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIRKPATRICK, B W 218 COMMERCIAL BLVD STE 101F LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1121 East Commercial Blvd, Box 15 Fort Lauderdale, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1121 East Commercial Blvd, Box 15 Fort Lauderdale, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1121 East Commercial Blvd, Box 15 Fort Lauderdale, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1121 E. Commercial Blvd, Box 15 Fort 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE:

**William D. Kirkpatrick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 10, 2003 (954) 786-2940**  
Date Daytime Phone #

CR2E034 (10/02)