## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000060150 **DOCUMENT #**

1. Entity Name



## **FILED**

Principal Piace of Business 72 Say 411 St. DAMA Pt. 30004  2. Principal Piace of Business	D & S CONCRETE, INC.											
Subs, Apt. #. ofc.   Government of Subspaces   Subspac	725 SW 4TH S	ST	113 NORTH FEDERAL HWY									
City & Siste  City & Siste  City & Siste  City & Siste  Country  Tip  Tip  Country  Ti	2. Principal P	lace of Business	3. Mailing Address									
Zip Country Zip Country 5, Certificate of Status Desired S 7, Section Control Feb Properties Country 5, Certificate of Status Desired S 7, Section Control Feb Properties Country 7, Name and Address of New Registered Agent 8, Name Agent 8, Nam	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING (	CHANGES		
Special Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Re	City & State	e	City & State				4. f	FEI Number 65-0597195		_ <del>}_</del>		
ADAMS, GERALD 113 N. FEDERAL HWY DANIA FL 33004  8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typic or printed rame or regioned agent that the flephable.  (MOTE Registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES	Zip	Country	Zip Count			try	5 Certificate of Status Desired \$8.75 Additional					
ADAMS, GERALD 113 N. FEDERAL HWY DANIA FL 33004  City  FL  Zip Corse  Addition  Note  FL  Zip Corse  Addition  Note  FL  Zip Corse  Addition  Note  FL  Zip Corse  Addition  Addition  City  FL  Zip Corse  Addition  Addition  Floating  Floating City  FL  Zip Corse  Addition  Addition  Addition  Floating  Floating City  FL  Zip Corse  Addition  Addition  Addition  Addition  Floating  Addition  Charge  Charge  Addition  Charge  Addition  Charge		6 Name and Address of Current	Registere	Registered Agent			J	Name and Address of New Rec			·a	
113 N. FEDERAL HWY DANIA FL 33004  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam tamilar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  THE  SENSON, DIANA  STREET ADDRESS  OTH-S1-2P  DANIA FL 33004  Change Addetion  NAME  STREET ADDRESS  OTH-S1-2P  DANIA FL 33004  Change Addetion  NAME  STREET ADDRESS  OTH-S1-2P  THE  NAME  STREET ADDRESS  OTH-S1-2P  Change Addition  Addition  Change Addition  Addition  NAME  STREET ADDRESS  OTH-S1-2P  THE  NAME  STREET ADDRESS  OTH-S1-2P  Change Addition  NAME  STREET ADDRESS  OTH-S1-2P  THE  NAME  STREET ADDRESS  OTH-S1-2P  THE  NAME  STREET ADDRESS  OTH-S1-2P  Change Addition  NAME  STREET ADDRESS  OTH-S1-2	o. Hame and Adaross of Carrett Hagistores Agent					Name				,		
DANIA FL 33004  City FL Zip Code  City FL Zip Co						Street Address (P.O. Box Number is Not Acceptable)						
6. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    TILE NOW!!! FEE IS \$150.00			<del> </del>		<del></del>							
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am lamillar with, and accept the obligations or registered agent.    SIGNATURE	DANIA FL	33004				City			FL	Zip Cod	e	
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12. Thereby 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		ertify that the information supplied with	this filing o	does not qualify for			ection 1	119.07(3)(i), Florida Statutes. Lfu	rther certif	y that the ir	nformation	

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:

Daytime Phone #