## FILED Feb 05, 2003 8:00 am Secretary of State

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

DOCUMENT # P95000083127  1. Entity Name DAVID GRUBBS CONCRETE, INC.					Secretary of State 02-05-2003 90143 037 ***150.00		
Principal Place of Business 1223 70 DRIVE EAST SARASOTA FL 34243		Mailing Address 1223 70 DRIVE EAST SARASOTA FL 34243					
2. Principal Place of Business		3. Mailing Address			[	18488 14181 41818 1481	{
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			FEI Number		ied For Applicable
Zip	Country	Zip	Country			\$8.75 Addition	onal
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered A	Agent	
GRUBBS, DAVID					·		
-	DRIVE EAST		Street Address		Box Number is Not Acceptable)		
	A FL 34243						
÷			City		FL	Zip Code	
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent		registered office or re		agent, or both, in the State of Florida. I am f	familiar with, an	d accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	
10.	OFFICERS AND	DIRECTORS	11.	А	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	V 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, DAVID 1223 70 DRIVE EAST SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change [	Addition
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TITLE		☐ Delete	TITLE			Change [	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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 3

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRAITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

x2-2-03

Daytime Phone #

☐ Change

☐ Addition