

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90195 015 ***150.00

DOCUMENT # P96000003989

1. Entity Name
ALLEN SOARES CONCRETE PUMPING, INC.



Principal Place of Business
2355 HERITAGE TRAIL
NAPLES FL 34102

Mailing Address
2355 HERITAGE TRAIL
NAPLES FL 34102

2. Principal Place of Business

5910 TAYLOR RD

3. Mailing Address

5910 TAYLOR RD

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

NAPLES, FL

City & State

NAPLES FL

Zip

34109

Country

USA

Zip

34109

Country

4. FEI Number

65-0736902

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

LOFENDO, A.J.
295 BAHIA PT
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

ALAN J. SOARES

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

1770 4TH ST SOUTH

City

NAPLES, FL

FL

Zip Code

34102

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 **P** ☐ Delete
NAME **SOARES, ALAN J.**
STREET ADDRESS **1770 4TH ST S**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **S** ☒ Delete
NAME **SOARES, LYNETTE G**
STREET ADDRESS **1770 4TH ST S**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED
ALAN J. SOARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

339-566-1721

Daytime Phone #

CR2E034 (10/02)