

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90196 003 ***150.00

DOCUMENT # P96000011500

1. Entity Name
BDN CONCRETE, INC.



Principal Place of Business
4555 SOUTH ST
TITUSVILLE FL 32780
US

Mailing Address
4555 SOUTH ST
TITUSVILLE FL 32780
US

2. Principal Place of Business

5306 Riversedge Dr.

3. Mailing Address

P.O. Box 6214

Suite, Apt. #, etc.

P.O. Box 6214

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

US

Zip

32782

Country

US



☐ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3379111**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NELSEN, MICHELLE
4175 FOX LAKE RD
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **NELSEN, MICHELLE**
STREET ADDRESS **4175 FOX LAKE RD**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **T** ☐ **Delete**
NAME **THOMAS, RUDOLPH**
STREET ADDRESS **4555 SOUTH ST**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VP** ☐ **Delete**
NAME **GRIFFIN, BEVERLY**
STREET ADDRESS **6241 GAYLE DR**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **S** ☐ **Delete**
NAME **BIEGLER, CHRIS**
STREET ADDRESS **3485 LIONEL ROAD**
CITY-ST-ZIP **MIMS FL 32754**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

4-15-03 321-268-8919