


**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.  
Suite, Apt. #, etc. P.O. Box 6214  
City & State Titusville, FL  
Zip 32780 Country US

**3. Mailing Address**  
P.O. Box 6214  
Suite, Apt. #, etc.  
City & State Titusville, FL  
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** \_\_\_\_\_ (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**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSEN, MICHELLE	
STREET ADDRESS	4175 FOX LAKE RD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, RUDOLPH	
STREET ADDRESS	4555 SOUTH ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFIN, BEVERLY	
STREET ADDRESS	6241 GAYLE DR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIEGLER, CHRIS	
STREET ADDRESS	3485 LIONEL ROAD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **DATE** 4-15-03 **DAYTIME PHONE #** 321-268-8919

CR2E034 (10/02)