

2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90369 045 ***158.75

DOCUMENT # P96000019028

1. Entity Name

CONCRETE DOCKS COMPANY

Principal Place of Business

Mailing Address

227 HWY. 17 SO.
 E. PALATKA FL 32131

RT. 1. BOX 454
 E. PALATKA FL 32131-9001

550656

2. Principal Place of Business

3. Mailing Address

109 Rivers Edge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
East Palatka, FL

4. FEI Number **59-1966754**

Applied For
 Not Applicable

Zip

Country

Zip
32131

Country
US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, HERBERT L
227 HWY. 17 SO.
E. PALATKA FL 32131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HERBERT L	
STREET ADDRESS	RT. 1, BOX 454	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert L. Williams* **Herbert L. Williams** **5/8/01** **904/328-2018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)