2003 FUR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED P96000022025 **DOCUMENT #** 03 MAY 16 AM 11:49 1. Entity Name MONROE CONCRETE PRODUCTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address MILE MARKER 9. U.S. HWY. #1 PO DRAWER 1149 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 65-0655735 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPOTTSWOOD, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 500 FLEMING ST. KEY WEST FL 33040 City 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Psyable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition Delete TOPPINO, FRANK P CR2E034 (10/ NAME MAME MILE MARKER 9, U.S. HWY. #1 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 900019100429 City-ST-ZIP CITY-ST-ZIP 05/16/03--01013--0phchand**150Jaduba TITLE Delete TITLE NAME TOPPINO, EDWARD NAME STREET ADDRESS MILE MARKER 9, U.S. HWY. #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE ☐ Change ☐ Addition NAME TOPPINO, PAUL E. NAME STREET ADDRESS STREET ADDRESS MILE MARKER 9, U.S. HWY. #1 CITY - ST-ZJF KEY WEST FL 33040 CITY-ST-ZIP Oelete TITLE ☐ Change Addition TITLE TOPPONO, DANIEL P NAME NAME STREET ADDRESS STREET ADDRESS MILE MARKER 9, U.S. HWY. #1 CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Toppino, richard j NAME STREET ADDRESS STREET ADDRESS MILE MARKEE 9 US HWY #1 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 addi-

17-03

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