2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P96000044034** 1. Entity Name S & S CONCRETE & BLOCK INC. 01-20-2000 90120 035 ***150.00 Principal Place of Business Mailing Address 7030 TARRYTOWN DR 7030 TARRYTOWN DR SPRING HILL FL 34606-4956 SPRING HILL FL 34606 0 4 9 4 4 4 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT_WRITE_IN_THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3389328 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, RANDALL L JR Street Address (P.O. Box Number is Not Acceptable) 7030 TARRYTOWN DR SPRING HILL FL 34606 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible IO._Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 - Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE ☐ Delete SANDERS, RANDALL NAME NAME STREET ADDRESS STREET ADDRESS 7030 TARRYTOWN DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Addition TITLE Change ☐ Delete SANDERS, REGINA NAME NAME STREET ADDRESS STREET ADDRESS 7030 TARRYTOWN DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Delete ☐ Change Addition TITLE TITLÉ DAKES, AARON T NAME NAME STREET ADDRESS STREET ADDRESS 18410 AKINS DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Change ☐ Addition ☐ Delete TITLE TITLE CUROBEK, JOHN NAME STREET ADDRESS 9325 BOLTIN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** ☐ Delete TITLE Change Addition TITLE ADAMS, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 15424 BEL MONDSEY CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME i, ni STREET ADDRESS STREET ADDRESS 1.3 CITY-ST-7IP 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