

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90124 048 ***150.00

DOCUMENT # P96000048357

1. Entity Name
FIRST IMPRESSIONS CONCRETE, INC.

Principal Place of Business

**505 SW 47 TERR
 #202
 CAPE CORAL FL 33914
 US**

Mailing Address

**505 SW 47 TERR
 #202
 CAPE CORAL FL 33914
 US**



2. Principal Place of Business

1819 S.E. 11th TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

1819 S.E. 11th TERRACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

65-0671634

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, THOMAS L

5004 SW 25TH PLACE

CAPE CORAL FL 33914

Name

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

1819 S.E. 11th TERRACE

City

CAPE CORAL

FL

Zip Code

33990

7. Name and Address of New Registered Agent

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 **Thomas L. Miller**
 Signature, typed or printed name of registered agent and title if applicable.

Thomas L. Miller, president

DATE

4/24/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MILLER, THOMAS L**
 STREET ADDRESS **505 SW 47TH TERRACE # 202**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete
 NAME **MILLER, CATHY A**
 STREET ADDRESS **505 SW 47TH TERRACE # 202**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1819 S.E. 11th TERRACE**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1819 S.E. 11th TERRACE**
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TITLE ☐ Change ☐ Addition
 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:

Cathy A. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)