2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000048793**~ Feb 08, 2000 8:00 am Secretary of State QUEEN ANNE'S CONCRETE MACHINE CORPORATION 02-08-2000 90071 001 ***150.00 Mailing Address Principal Place of Business 550 SO OCEAN DRIVE UNIT 2202 550 SO OCEAN DRIVE UNIT 2202 **BOGA RATON FL 33432-6286 BOCA RATON FL 33432** I (BRIGHE IIB IGIIG GILLI GBBIS BBISI ABBIS BBISI ACAM CALL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied F City & State 4. FEI Number City & State 65-0671193 Not Assault \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name DEPAOLA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 550 SO OCEAN DRIVE UNIT 2202 **BOCA RATON FL 33432** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE TITLE DEPAOLA, JOSEPH NAME NAME STREET ADDRESS 550 SO OCEAN DRIVE UNIT 2202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change MA Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY+S1-7/P CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P ☐ Change ΠA ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 informal 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE : SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE PAOLA 1-29-00 954-426-2177

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