

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-17-2001 90006 010 ***550.00

DOCUMENT # P96000048793

1. Entity Name

QUEEN ANNE'S CONCRETE MACHINE CORPORATION

Principal Place of Business

**550 SO OCEAN DRIVE UNIT 2202
BOCA RATON FL 33432**

Mailing Address

**550 SO OCEAN DRIVE UNIT 2202
BOCA RATON FL 33432**

2. Principal Place of Business

550 SO OCEAN BLVD

Suite, Apt. #, etc.

2202 S

City & State

BOCA RATON FL

Zip

33432

Country

3. Mailing Address

550 SO OCEAN BLVD

Suite, Apt. #, etc.

2202 S

City & State

BOCA RATON FL

Zip

33432

Country

B0062392



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0671193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEPAOLA, JOSEPH

**550 SO OCEAN DRIVE UNIT 2202
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

DEPAOLA, JOSEPH

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

550 SO OCEAN BLVD

UNIT 2202 S

City

BOCA RATON

FL

Zip Code

33432

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **DEPAOLA, JOSEPH**
CITY-ST-ZIP **550 SO OCEAN DRIVE UNIT 2202
BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 **550 SO OCEAN BLVD UNIT 2202 S**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature of William D. McMurray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01 954-881-1500

Date

Daytime Phone #

CR2E034 (5/01)