

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067254

1. Entity Name

STRUCTURAL CONCRETE SPECIALISTS INC.

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90054 050 \*\*\*158.75

Principal Place of Business

Mailing Address

4554 N. HIATUS ROAD  
SUNRISE FL 33351

4554 N. HIATUS ROAD  
SUNRISE FL 33304-1036

2. Principal Place of Business

1532 NE 4TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15940

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

Zip  
33306

Country

BROWARD

City & State

PLANTATION, FL.

Zip  
33318

Country

BROWARD

4. FEI Number

65-0693075

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKLEDGE, GARY L  
4554 N. HIATUS ROAD  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name GARY L. BLACKLEDGE

Street Address (P.O. Box Number is Not Acceptable)  
1532 NE 4TH AVE.

City FT. LAUDERDALE FL Zip Code 33306

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 \$150.00**  
**After MAY 1, 2000 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 WRIGHT, BRADLEY M  
STREET ADDRESS 4554 N. HIATUS ROAD  
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete  
NAME BLACKLEDGE, GARY L  
STREET ADDRESS 590 E. LAKE DASHA DRIVE  
CITY-ST-ZIP PLANTATION FL 33314

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 PRESIDENT, DIRECTOR  
STREET ADDRESS GREGORY L. BLACKLEDGE  
CITY-ST-ZIP 1923- NW 80TH AVE  
MARGATE, FL 33063

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT, DIRECTOR  
STREET ADDRESS GARY L. BLACKLEDGE  
CITY-ST-ZIP 590 E LAKE DASHA DR.  
PLANTATION, FL 33324

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY L. BLACKLEDGE, PRES. 2/26/2000 525-9773

CR2E034 (9/99)