

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000067254**1. Entity Name
STRUCTURAL CONCRETE SPECIALISTS INC.Principal Place of Business
1532 NE 4TH AVE
FORT LAUDERDALE FL 33306
Mailing Address
PO BOX 15940
PLANTATION FL 333182. Principal Place of Business
1532 NE 4TH AVE
Suite, Apt. #, etc.3. Mailing Address
PO BOX 15940
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL
City & State
PLANTATION FL
Zip
33304
Country
US
Zip
33318
Country
US4. FEI Number
65-0693075
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****BLACKLEDGE GARY L**
1532 NE 4TH AVE
FORT LAUDERDALE FL 33306**7. Name and Address of New Registered Agent**Name
BLACKLEDGE GARY L
Street Address (P.O. Box Number is Not Acceptable)
1532 NE 4TH AVE
City
FORT LAUDERDALE FL Zip Code
33304

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 **GARY L. BLACKLEDGE****05/17/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33314	33306
	<input type="checkbox"/> Delete	BLACKLEDGE GARY L	590 E. LAKE DASHA DRIVE	PLANTATION	FL	33314	
	<input type="checkbox"/> Delete	BLACKLEDGE GARY L	1532 NE 4TH AVE	FORT LAUDERDALE	FL	33306	
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33486	33304
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BLACKLEDGE GARY L	434 NW 7TH AVENUE	BOCA RATON	FL	33486	
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BLACKLEDGE GARY L	1532 NE 4TH AVE	FORT LAUDERDALE	FL	33304	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
	<input type="checkbox"/> Change <input type="checkbox"/> Addition						

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: GARY L. BLACKLEDGE

PD

05/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)