

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000067254

FILED
Jan 23, 2003
Secretary of State

Entity Name: STRUCTURAL CONCRETE SPECIALISTS INC.

Current Principal Place of Business:

1532 NE 4TH AVE
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15940
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0693075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACKLEDGE, GARY L
1532 NE 4TH AVE
FORT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

BLACKLEDGE, GARY L
1532 NE 4TH AVE
FORT LAUDERDALE, FL 33304 US

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:

01/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKLEDGE, GARY L
Address: 434 NW 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

Title: V () Delete
Name: BLACKLEDGE, GREGORY L
Address: 1923 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BLACKLEDGE, GREGORY L
Address: 1923 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063 US

Title: SD () Change (X) Addition
Name: BLACKLEDGE, GARY L
Address: 434 NW 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. BLACKLEDGE

PD

01/23/2003

Electronic Signature of Signing Officer or Director

Date