

2000 UNIFORM BUSINESS REPORT (UBR)

3/2/00-90125-003-\$150.00-\$150.00

DOCUMENT # P96000070919

1. Entity Name

EASTMAN CONCRETE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 3:37

Principal Place of Business

2685 POICIANA DR
POST OFFICE BOX 11822
NAPLES FL 34101
US

Mailing Address

2685 POICIANA DR
POST OFFICE BOX 11822
NAPLES FL 34101-1822
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0697490

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTMAN, MICHAEL L
2685 POICIANA DR
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

Eastman Linda

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

2685 Poiciana Dr

City

Naples

FL

Zip Code

34105

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

From Eastman Vice Pres. & Linda Eastman 1-20-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	<input type="checkbox"/> Delete
NAME	EASTMAN, MICHAEL L
STREET ADDRESS	2685 POICIANA DR
CITY-ST-ZIP	NAPLES FL 34105
TITLE	<input type="checkbox"/> Delete
NAME	EASTMAN, MICHAEL S
STREET ADDRESS	2020 RIVEREACH DRIVE APT 147
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> Delete
NAME	EASTMAN, ROGER A
STREET ADDRESS	2685 POICIANA DR
CITY-ST-ZIP	NAPLES FL 34105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	3673 Kent Dr
CITY-ST-ZIP	Naples, FL 34112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST Linda Eastman
STREET ADDRESS	2685 Poiciana Dr
CITY-ST-ZIP	Naples, FL 34105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roger Eastman* ROGER EASTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

Daytime Phone #

AD

CR2E034 (9/99)