2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000074738 DOCUMENT

1. Entity Name DIONNE CONCRETE, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90516 010 ***150.00

Joint	- 0011011212, 1110.									
Principal Place of Business 13617 46 CT. N. ROYAL PALM BEACH FL 33411 US 2. Principal Place of Business		Mailing Address 13617 46 CT. N. ROYAL PALM BEACH FL 33411 US								
2. Principa	Il Place of Business	3. Mailing Address								
Suite, A	pt. #, etc.	Suite,	Apt. #, etc.			☐ CHECK HERE IF	MAKING (CHANGES	;	
City & State		City & State				4. FEI Number 65-0695428 Applied For				
Zip	Country	Zip		Country			\$	8.75 Ad	ot Applicable	
	6. Name and Address of Current	t Registered /	Agent				-	e Require	ed	
		Suite, Apt. #, etc. City & State 4. FEI Number 65-0695428 Try Zip Country 7. Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) City F Strib statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I a ent. IS \$150.00 will be \$550.00 a Department of State City Check HERE IF MAK 1. FEI Number 65-0695428 T. Name and Address of New Registered To Name and Address of New Registered To Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) F PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Try Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable) PATI Street Address (P.O. Box Number is Not Acceptable)					stered Ag	ent		
DIONNE,			Street Av			0.7				
13617 46 CT. N. ROYAL PALM BEACH FL 33411				Street Add	aress (P.	O. Box Number is Not Acceptable)				
ROYAL F	PALM BEACH FL 33411				-					
		•		City	<u>, </u>		FL	Zip Coc	le	
8. The above	ve named entity submits this statement for	or the purpose	of changing its re	aistered office or re	enisteren	diagent or both in the State of Florida	l nm for	allian college		
•	-9 9-		3 3	g	9,0,0,0	a agont, or both, in the State of Florida	ı. ramıan	ıllar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicab	le. (NOTE: Re	egistered Agent signature	required wh	nen reinstating)	DATE			
	FILE NOW!!! FEE IS \$150.00	·					-			
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	f State					ing 🗆	\$5.0 Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICE	RS AND D	BECTOR	S IN: 11	
TITLE	PSD	"-	☐ Delete	TITLE		THE STATE OF THE S		Change	Addition	
NAME STREET ADDRESS	DIONNE, MARY 13617 46 CT N			NAME			_			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			STREET ADDRESS CITY-ST-ZIP						
TITLE	T									
NAME	DIONNE, EARL		☐ Delete	TITLE NAME] Change	☐ Addition	
STREET ADDRESS	13617 46 CT. N.		- 1	STREET ADDRESS						
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411_		الماج والأمال للمست	CITY-ST-ZIP	. .			-		
TITLE		·	☐ Delete	TITLE				Change	Addition	
NAME				NAME				, onango		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS						
TITLE		<u> </u>		CITY-ST-ZIP						
NAME	·						·		☐ Addition	
STREET ADDRESS			☐ Delete	TITLE				Change		
CITY-ST-ZIP			∟ Delete	NAME				Change		
			Li Delete		•			Change		
TITLE			□ Delete □ Delete	NAME STREET ADDRESS						
TITLE	* -			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	·			Change	Addition	
TITLE NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete -	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-		, -	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete -	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			, -	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ Delete -	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			, -	Change	☐ Addition	

12. 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 10 or Block 11 if the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

561-790-0178