

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90042 021 \*\*\*150.00

**DOCUMENT # P96000079114**

1. Entity Name  
**CONCRETE CUTTING SERVICE, INC.**

Principal Place of Business  
**9638 LEAHY ROAD  
 JACKSONVILLE FL 32246**

Mailing Address  
**9851 TIFFANY AVENUE  
 JACKSONVILLE FL 32246**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3404969**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**JOHNSON, KEITH H  
 8810 GOODBY'S EXECUTIVE DRIVE  
 SUITE A  
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent  
 Name **Michelle M. Winters**  
 Street Address (P.O. Box Number is Not Acceptable) **9851 TIFFANY AVE**  
 City **Jacksonville** FL Zip Code **32246**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

SIGNATURE *Michelle M. Winters* DATE **Apr 2-02**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WINTERS, MICHELLE M 9851 TIFFANY AVE JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP WINTERS, RODNEY 9851 TIFFANY AVE JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michelle M. Winters* DATE **1-7-02** DAYTIME PHONE # **(904)645-7363**

CR2E034 (9/01)