2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # P96000082468 1. Entity Name BECKMAN CONCRETE & MASONRY, INC. 03-25-2000 90003 034 ***150.00 Principal Place of Business Mailing Address 9225 STRASSE BLVD. 9225 STRASSE BLVD. PUNTA GORDA FL 33982 **PUNTA GORDA FL 33982-2339** 629567 3. Mailing Address 2. Principal Place of Business Suite, Apt-#; etc----_Suite, Apt..#..etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0767253 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9225 STRASSE BLVD. PUNTA GORDA FL 33982 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY-1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE Delete TITLE BECKMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 9225 STRASSE BLVD. CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Delete ☐ Change ☐ Addition TIT! F Walt Bat NAME STREET ADDRESS: STREET ADDRESS Barrier Tari CITY-ST-ZIP CITY-ST-ZIP. 5 5 P 974 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition De ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIŤĹF De'ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME Profession Walt STREET ADDRESS STREET ADDRESS 28 828 E. W. CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not cualify 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-00

6378649

Daytime Phone #