

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098167

1. Entity Name
CONCRETE EXPRESS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90103 026 ***158.75

Principal Place of Business
26050 MONDON HILL RD
BROOKSVILLE FL 34601
US

Mailing Address
26050 MONDON HILL RD
BROOKSVILLE FL 34601-5405
US

2. Principal Place of Business
2219 Spring Lake Hwy
Suite/Apt. #, etc.

3. Mailing Address
2219 Spring Lake Hwy
Suite/Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Brooksville

City & State
Brooksville

4. FEI Number **65-0729234** Applied For ☐ Not Applicable ☐

Zip **34602** Country **Hernando** Zip **FL** Country **34602**

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

6. Name and Address of Current Registered Agent
WOODRUFF, RANDY
801 S BROAD ST
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAYER, SHELIA		NAME		
STREET ADDRESS	2219 SPRING LAKE HWY		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, JOHN M		NAME		
STREET ADDRESS	8053 NORMANCY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Shelia Fayer Shelia Fayer 3-30-2000 (352) 279-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)