

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103962

1. Entity Name
SCHNELL CONCRETE, INC.

Principal Place of Business
401 PASADENA CIRCLE
PUNTA GORDA FL 33983

Mailing Address
401 PASADENA CIRCLE
PUNTA GORDA FL 33983

2. Principal Place of Business

401 POSADAS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

401 POSADAS CIRCLE
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3419269

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL L
(5775) BENEVA ROAD SOUTH
SARASOTA FL 34233

Name
5775 BENEVA ROAD, SOUTH
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 Daniel L Prewett / [Signature] DATE 11/15/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PTD
NAME SCHNELL, LAWRENCE J
STREET ADDRESS 401 PASADENA CIRCLE
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE VSD
NAME SCHNELL, MARY A
STREET ADDRESS 401 PASADENA CIRCLE
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 401 Posadas Circle
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME 401 Posadas Circle
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: LAWRENCE J. SCHNELL

Date

Daytime Phone #

8/22/01 (941) 380-3512

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 DEC 14 PM 12:26



REINSTATEMENT 01

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CR2E034 (5/01)