

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90075 043 ***158.75

DOCUMENT # P97000011316

1. Entity Name
MOBLET THOMPSON CONCRETE, INC.



Principal Place of Business
**1552 HIALEAH ST.
ORLANDO FL 32808**

Mailing Address
**POB 585117
ORLANDO FL 32852
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3425527**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THOMPSON, MOBLET
704 EASY AVENUE
ORLANDO FL 32805**

Name **MOBLET MCLEOD**

Street Address (P.O. Box Number is Not Acceptable)

1552 Hialeah Street

Orlando

FL

Zip Code **32808**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MOBLET MCLEOD**

3/28/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **THOMPSON, MOBLET**
STREET ADDRESS **704 EASY AVENUE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **MOBLET MCLEOD** ☒ Change ☐ Addition
NAME **MOBLET MCLEOD**
STREET ADDRESS **1552 Hialeah Street**
CITY-ST-ZIP **Orlando FL 32808**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MOBLET MCLEOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 407 290322

Date Daytime Phone #

CR2E034 (10/02)