

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90219 022 ***150.00

DOCUMENT # P97000015050

1. Entity Name
LENGACHER/MCGARRY CONCRETE CONSTRUCTION, INC.

Principal Place of Business Mailing Address

~~3919 78TH DR EAST~~ ~~3919 78TH DR EAST~~ **13512 2ND AVE NE**
SARASOTA FL 34243 **SARASOTA FL 34243** **BRADENTON FL**
13512 2ND AVE NE **34202**
BRADENTON FL 34202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

13512 2ND AVE NE **13512 2ND AVE NE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

B Bradenton FL **BRADENTON FL**

Zip Country Zip Country

34202 **MANATEE** **34202** **MANATEE**

4. FEI Number Applied For

65-0729851 Not Applicable

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

6. Name and Address of Current Registered Agent

LENGACHER, LARRY D
2566 10TH ST #205
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name **William Lengacher**

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

2700 Prospect St

City State Zip Code

SARASOTA FL **FL** **34239**

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 **Timothy D. McGarry** **Timothy D. McGarry** DATE **2-08-01**

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 \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LENGACHER, LARRY D	
STREET ADDRESS	2700 PROSPECT ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC GARRY, TIMOTHY	
STREET ADDRESS	3919 78TH DR EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Lengacher	
STREET ADDRESS	2700 PROSPECT ST	TREASURY
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Timothy D. McGarry** **Timothy D. McGarry** Date **2-8-01** Daytime Phone # **946 708-3922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)