## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 16, 2002 8:00 am P97000015050 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90073 040 \*\*\*150.00 LENGACHER/MCGARRY CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address 13512 2ND AVE NE 13512 2ND AVE NE **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 2ND ARE NE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0729851 BRAdoNTE Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENGACHER, WILLIAM..... Street Address (P.O. Box Number is Not Acceptable) 2700 PROSPECT ST SARASOTA FL 34239 City Zip Code B LENGACHER tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 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. ☐ Delete TITLE TITLE LENGACHER, LARRY D NAME NAME Address 2700 PROSPECT ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MC GARRY, TIMOTHY NAME NAME 13512 and AVE N.E. BRAGNETON A 34212 STREET ADDRESS 3919 78TH DR EAST STREET ADDRESS CITY-ST-ZIP SARASOTA-FL 34243 CITY-ST-ZIP ☐ Addition Delete TITLE LEGACHER, WILLIAM NAME STREET ADDRESS 2700 PROSPECT ST STREET ADDRESS -CITY+ST+7IP-SARASOTA FL-34239 CITY-ST-ZIP-☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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/fi), Florida Statutes. I further certify that the information

SIGNATURE:

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

Date Daytime Phone #