## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000015050



**FILED** Jan 17, 2003 8:00 am Secretary of State

| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDR   | 1. Entity N. LENGAC |   | ONCRETE CONSTRUCTION                         | N, INC.             |                                       |                       | 01-17-2003 9               | 90059 021 ***15                                 | 58.75                   |
|--|---------------------|---|--|---------------------|---------------------------------------|-----------------------|----------------------------|---|-------------------------|
| Suite. Apt #, etc.   CheCK HERE IF MAKING CHANGES   Applied First City & State   C. Stat   | 13512 2ND AVE NE    |   | 13512 2ND AVE NE                             | 13512 2ND AVE NE    |                                       | 1 Jeni)               | OON SIO TOURS JOOK OPEN OO | <br>Hi <b>17</b> 44 <b>2</b> 6161 (1861 2411 22 | <br>101 #1112 #011 1001 |
| City & State  Country  City  City  City  City  City  City  City  City  FL  City  City  FL  City  City  FL  City  City  FL  City  FL  City  City  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  FL  City  FL  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  City  City  FL  City  City  FL  City  City  FL  City  City  City  FL  City  City  City  FL  City  City  City  City  FL  City  City  City  City  FL  City  City  City  City  City  FL  City  City  City  City  City  FL  City    | 2. Principa         | I Place of Business                             | 3. Mailing Address                           | ···                 | <del>-</del>                          |                       |                            |   |                         |
| City & State  City & State  City & State  City & State  A. FEI Number 65-0728851  Nan Applicable For Naphicale Country  Research Applicable For Naphicale Country  Research Applicable For Recognized  S. Certificate of Status Desired  S. Statu   | Suite, Ap           | ot. #, etc.                                     | Suite, Apt. #, etc.                          | Suite, Apt. #, etc. |                                       | _                     | П снеск неве               | IE MAKING CHANGE                                | <b></b>                 |
| S. Post Policy Set Country  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Fee Required  7. Name and Address of New Registered Agent  Fee Required  Fee Requir   | City & St           | ate   | City & State                                 | City & State        |                                       | 4. FEI Numb           |                            |   | Applied For             |
| S. Name and Address of Current Registered Agent    Compare   Compa   | <b>Z</b> ip         | Country   | Zip  | Count               | try                                   | 5. Certificate        |                            | rg \$8.75 A                                     | Additional              |
| EINOACHER, WILLIAM 2700 PROSPECT ST SARASOTA FL 34239  Street Address (P.O. Box Number is Not Accoptable)  DATE  TILE Number is Not Accoptable in the State of Portical and Accoptable in the State of Portica   |                     | 6. Name and Address of Current Registered Agent |  |                     |                                       |                       |                            |   | ired                    |
| Syeet Address (P.O. Box Number is Not Acceptable)  |                     |   |  |                     | ≥Name =7-                             | . Hame and            | O.C. A                     | egisterea Agent                                 |                         |
| SARASOTA FL 34239  S. The above named entity submits the statement for the purpose of changing lits registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Both. In the Obligation of Florides. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligation of Florides. I am familiar with, and accept the obligation of Florides. I am familiar with, and accept the obligation of Florides of Florides. I am familiar with, and accept the obligation of Florides of Florides agent, or both in the Florides of Flor   | LENGACHER, WILLIAM  |   |  |                     | 111                                   | N                     | 1 BARRY                    |   |                         |
| SARASOTA FL 34239  SAME NS ANSOVE  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  ### ### ### ### ### ### ### ### ### #   |                     | · ·   |  | Street Addres       | s (P.O. Box Numb                      | er is Not Acceptable  | )                          |   |                         |
| S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of the product of fundamentary displaced spent and total 8 apolicus of fundamentary displaced spent and total 8 apolicus of fundamentary displaced spent and total 8 apoli   |                     |   |  |                     |                                       | Same                  | 18 AR                      | ove_  | ·                       |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### ### ### ### ### ### ### ### ### #  |                     |   |  |                     | City                                  | - ONITO               | · · · / / / / / /          |   | ode                     |
| SIGNATURE    Signature   Signa   | 8. The abov         | re named entity submits this                    | statement for the purpose of observing       | Lita raciata        | d office                              |                       |                            |   |                         |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DENGACHER, LARRY D STREET ADDRESS OTY-51-2P STREET ADDRESS OTY-57-2P STREET ADDRESS 2700 PROSPECT ST STREET ADDRESS  | the obliga          | ations of registered agent.                     | statement for the purpose of crianging       | i its registere     | a office or regist                    | tered agent, or bo    | th, in the State of Flor   | rida. I am familiar with                        | h, and accept           |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DENGACHER, LARRY D STREET ADDRESS OTY-51-2P STREET ADDRESS OTY-57-2P STREET ADDRESS 2700 PROSPECT ST STREET ADDRESS  |                     |   | -Mi.M  | 7                   | -                                     | Mel                   |                            | 1- K-1  | 13                      |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10: OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME LENGACHER, LARRY D 3700 PROSPECT ST SARASOTA FL 34239  MC GARRY, TIMOTHY 13312 2ND AVE NE BRADENTON FL 34212  TIME NAME LEGACHER-WILLIAM TIME T NAME SIREET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIME NAME | SIGNATURE           | Signature, typed or crinted name of             | registered agent and title if applicable     | NOTE: Paristan      |                                       | 1/17/6                | //                         |   |                         |
| After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State  10:  |                     | · · · · · · · · · · · · · · · · · · ·           |  | negisterea          | ————————————————————————————————————— | red when reinstating) |                            | DATE  |                         |
| Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OTTY-ST-ZIP  ITILE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS OTTY-ST-ZIP  ITILE OFFICERS AND DIRECTORS IN 11  ITILE OFFICERS AND    | ΔHz                 | FILE NOW!!! FEE IS \$                           | 750.00                                       |                     |                                       | g. Fla                | ection Campaign Find       | encing &F                                       | 00                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TUME TOWN TOTE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN   | Make Chec           | ck Payable to Florida Dei                       | partment of State                            |                     |                                       |                       |                            |   |                         |
| TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | 10.                 |   |  |                     |                                       |                       |                            |   |                         |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES   |                     |   | ·  |                     | <del></del>                           | ADDITIONS/            | CHANGES TO OFFIC           |   |                         |
| STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP   | NAME                |   | <b>D</b> Delete                              |                     |                                       |                       |                            | ☐ Change  | ☐ Addition              |
| CITY-ST-ZIP  SARASOTA FL 34239  CITY-ST-ZIP  D  MC GARRY, TIMOTHY 13512 2ND AVE NE BRADENTON FL 34212  CITY-ST-ZIP  ITILE  T  LEGACHER, WILLIAM 2700 PROSPECT ST SARASOTA FL 34239  TITLE  MAME 2700 PROSPECT ST SARASOTA FL 34239  TITLE  MAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS      | 2700 PROSPECT ST                                |  |                     | I ADDRESS                             |                       |                            |   |                         |
| MC GARRY, TIMOTHY 13512 2ND AVE NE BRADENTON FL 34212  TITLE VAME 2700 PROSPECT ST SARASOTA FL 34239  TITLE VAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP         | SARASOTA FL 34239                               |  |                     | 1                                     |                       |                            |   |                         |
| MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  | TITLE               |   | ☐ Delete                                     | TITLE               |                                       |                       |                            |   |                         |
| BRADENTON FL 34212  CITY-ST-ZIP  IIILE  T LEGACHER, WILLIAM 2700 PROSPECT ST SARASOTA FL 34239  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME                |   |  |                     |                                       |                       |                            | L_1 Unange                                      | ☐ Addition              |
| TITLE LEGACHER, WILLIAM 2700 PROSPECT ST SARASOTA FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS      |   |  | STREET              | ADDRESS                               |                       |                            |   |                         |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                     | BHAUENTUN FL 34212                              | 2  | CITY-S              | IT-ZIP                                |                       |                            |   |                         |
| TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME MAME MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME MAME MAME TREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP   | TITLE               | T   | Delete                                       | TITLE               |                                       |                       |                            | ☐ Change  | Addition                |
| CITY-ST-ZIP  SARASOTA FL 34239  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                     | LEGACHER, WILLIAM=                              |  | -                   |                                       |                       |                            | systemage                                       |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                     |   |  |                     | · I                                   |                       | -                          | <del></del> -                                   |                         |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                     | OMINOUTA FL 34239                               | - <u>-</u> -                                 | CITY-S              | T-ZIP                                 |                       |                            |   |                         |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                     | •   | ☐ Delete                                     | 1                   | i                                     |                       | -                          | ☐ Change  | ☐ Addition              |
| STREET ADDRESS CITY-ST-ZIP  CITYE  CITY-ST-ZIP  CHange Addition  Addition  Addition  Change Addition  Addition  Change Change Change  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  |                     |   |  |                     |                                       |                       |                            |   |                         |
| TITLE JAME JAME JAME STREET ADDRESS SITY-ST-ZIP  ITLE AME STREET ADDRESS CITY-ST-ZIP  ITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP         |   |  |                     |                                       |                       |                            |   | ,                       |
| NAME STREET ADDRESS CITY-ST-ZIP  TILE AMME NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE               |   |  |                     | 1-217                                 |                       | <del></del>                |   |                         |
| STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TILE NAME NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  | NAME                |   | L_1 Delete                                   |                     |                                       |                       |                            | ☐ Change  | ☐ Addition              |
| CITY-ST-ZIP  | STREET ADDRESS      |   |  |                     | ADDRESS                               |                       |                            |   |                         |
| ITLE         Delete         TITLE         Change         Addition           AME         NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP  | CITY-ST-ZIP         |   |  |                     |                                       |                       |                            |   | }                       |
| AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP  | TITLE               | <del>-</del>                                    | ☐ Daloto                                     |                     |                                       |                       | <del></del>                |   |                         |
| TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP   | IAME                |   | in page                                      |                     |                                       |                       |                            | ☐ Change  | Addition                |
| TY-ST-ZIP CITY-ST-ZIP  | TREET ADDRESS       |   |  |                     | ADDRESS                               |                       |                            |   |                         |
|  | CITY-ST-ZIP         |   |  |                     |                                       |                       |                            |   | 1                       |
|  | 2. I hereby c       | ertify that the information su                  | upplied with this filing does not qualify to |                     |                                       | action 110 07/0/0     | Clasida Octobrillo         | Al  |                         |

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE: