

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022712

1. Entity Name

AMAZING CONCRETE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90177 049 ***150.00

Principal Place of Business

Mailing Address

3510 NORTHWEST 206 STREET
CAROL CITY FL 33056

3510 NORTHWEST 206 STREET
CAROL CITY FL 33056-1232

2. Principal Place of Business

3510 NW 206 St

Suite, Apt. #, etc.

3. Mailing Address

3510 NW 206 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Carol City FL

City & State

Carol City

4. FEI Number

65-0735090

Applied For

Not Applicable

Zip

33056

Country

DAde

Zip

33056

Country

DAde

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LANIER, DIKE C	
STREET ADDRESS	3510 NORTHWEST 206 STREET	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARY LANIER	
STREET ADDRESS	3510 NW 206 St	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARILYN FICE	
STREET ADDRESS	3510 NW 206 St	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	Wanda Cunningham	
STREET ADDRESS	3510 NW 206 St	
CITY-ST-ZIP	CAROL CITY FL 33056	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Wanda Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 305-6235941

CR2E034 (9/99)