

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91510 033 ***150.00

DOCUMENT # *P97000024909*

1. Entity Name

DURA-CRETE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Dura-Crete Industries Inc
337 Hwy 17 North
Palatka FL 32177

3. Mailing Address

Suit Dura-Crete Industries Inc
337 Hwy 17 North
Palatka FL 32177

DO NOT WRITE IN THIS SPACE

Zip

Country

Putnam

Zip

Country

Putnam

4. FEI Number

59-3437876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

McCLELLAN, ROBERT B

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

351 W RIVER RD

City

PALATKA

FL

Zip Code

32177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PD
McCLELLAN, ROBERT B
351 W RIVER RD
PALATKA FL 32177*

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Robert B McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

424-03

386-312-0054

CR2E034B (12/02)