

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036785

1. Entity Name

PIONEER CONCRETE PUMPING OF NORTH FLORIDA, INC.

Principal Place of Business

8812 INDUSTRIAL DR.  
TAMPA FL 33637

Mailing Address

8812 INDUSTRIAL DR.  
TAMPA FL 33637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3456849

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HICKEY, JEFFREY M  
8812 INDUSTRIAL DR.  
TAMPA FL 33637

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE PTD  Delete  
NAME HICKEY, JEFFREY M  
STREET ADDRESS 8812 INDUSTRIAL DR  
CITY-ST-ZIP TAMPA FL 33637TITLE P/T/VP/AD  Change  Addition  
NAME HICKEY, JEFFREY M.  
STREET ADDRESS 8812 INDUSTRIAL DR.  
CITY-ST-ZIP TAMPA, FL 33637TITLE VPD  Delete  
NAME PITTMAN, TODD  
STREET ADDRESS 8812 INDUSTRIAL DR  
CITY-ST-ZIP TAMPA FL 33631TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD  Delete  
NAME INGLESE, PAT  
STREET ADDRESS 4790 WRIGHT DR  
CITY-ST-ZIP SMYRNA GA 30082TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  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:

Jeffrey M. Hickey

4/08/02 (813)985-5102  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR