

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90093 017 ***150.00

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DOCUMENT # P97000056439

1. Entity Name

M + W CONCRETE PUMPING SERVICE, INC.

Principal Place of Business

**6201 LEE ANN LANE
 NAPLES FL 34109**

Mailing Address

**6201 LEE ANN LANE
 NAPLES FL 34109**

2. Principal Place of Business

6201 Lee Ann Lane

3. Mailing Address

6201 Lee Ann Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL 34109

Zip

34109

Country

Collier

Zip

34109

Country

US

4. FEI Number

59-3460651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHALEN, MICHAEL J
 6201 LEE ANN LANE
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **WHALEN, MICHAEL J**
 STREET ADDRESS **6201 LEE ANN LANE**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VPSD** ☐ Delete
 NAME **MEERPOHL, JAMES**
 STREET ADDRESS **6170 CYPRESS HOLLOW WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VPTD** ☐ Delete
 NAME **MCCABE, MARK**
 STREET ADDRESS **5190 TEAKWOOD DR**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ 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:

Michael J Whalen
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02
 Date

(941) 514-3133
 Daytime Phone #

CR2E034 (9/01)