

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056919

1. Entity Name

WALTER'S CONCRETE WORK, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91217 036 ***155.00

Principal Place of Business

3030-18TH AVE., S.
ST. PETERSBURG FL 33712

Mailing Address

3030-18TH AVE., S.
ST. PETERSBURG FL 33712

2. Principal Place of Business

Walter's Concrete Work, Inc.
Suite, Apt. #, etc.
3030 18th Ave. So

3. Mailing Address

Walter's Concrete Work, Inc.
Suite, Apt. #, etc.
3030 18th Ave. So

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip
33712

Country
Pinellas

Zip
33712

Country
Pinellas

6. Name and Address of Current Registered Agent

JORDAN, WALTER
3030-18TH AVE., S.
ST. PETERSBURG FL 33712

4. FEI Number 59-3454839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 *Walter Jordan*

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, WALTER 3030-18TH AVE., S. ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, YVONNIE 3030-18TH AVE., S. ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yvonne Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
Date

Daytime Phone #

CR2E034 (10/00)