

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057387

1. Entity Name

TODD'S CONCRETE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90241 018 ***150.00

Principal Place of Business

Mailing Address

5430 SYDNEY ST
PORT ORANGE FL 32117

5430 SYDNEY ST
PORT ORANGE FL 32127-5335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3455587**

Applied For

Not Applicable

Zip
32127

Country

Zip

Country

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

FILJONES, TODD
669-A 8TH ST.
HOLLY HILL FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)
5430 SYDNEY ST

City
PORT ORANGE FL

FL 32127

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

Todd Filjones

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
FILJONES, TODD D
669-A 8TH ST
HOLLY HILL FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
FILJONES, TODD D
5430 SIDNEY STREET
PORT ORANGE FL 32127** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

Todd Filjones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28 02 (904) 299-2463

CR2E034 (9/99)