2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am **DOCUMENT # P97000067775** Secretary of State MANFORD'S CONCRETE, INC. 05-10-2001 90164 003 ***150.00 Principal Place of Business Mailing Address 2853 YORKTOWN DRIVE 2853 YORKTOWN DRIVE SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0776831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, PAMELA S Street Address (P.O. Box Number is Not Acceptable) 2853 YORKTOWN DRIVE St. SARASOTA FL 34231 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete CR2E034 (10/00) TITLE ☐ Change Addition TITLE SMITH, MANFORD T NAME NAME STREET ADDRESS STREET ADDRESS 2853 YORKTOWN STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 **VPST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, PAMELA S NAME STREET ADDRESS STREET ADDRESS 2853 YORKTOWN STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

Amela S. Smith 4/28 (906-1622)

Change

☐ Change

☐ Addition

☐ Addition