

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068582

1. Entity Name

5 STAR CONCRETE, INC.

FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90198 043 \*\*\*150.00

Principal Place of Business

Mailing Address

NW WUTHRICH AVE  
FL 34266

PO BOX 2304  
ARCADIA FL 34265-2304  
US

0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

2355 N.W. Pinebluff Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Arcadia, FL

4. FEI Number 59-3461663

☒ Applied For  
☐ Not Applicable

Zip Country

Zip Country

34266

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

DRYMON, CHRISTY  
6470 NW WUTHRICH AVE  
ARCADIA FL 34266

Drymon Christy  
2355 N.W. Pinebluff Ave  
Arcadia, FL  
34266

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>P <input type="checkbox"/> Delete</p> <p>DRYMON, CHRISTY</p> <p>6470 NW WUTHRICH AVE</p> <p>ARCADIA FL 34266</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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:

Christy Drymon

Date

Daytime Phone #

1-13-00

941-491-0107

CR2E034 (9/99)