

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068582

1. Entity Name
5 STAR CONCRETE, INC.

Principal Place of Business
2355 NW PINEBLUFF AVE
ARCADIA FL 34266
US

Mailing Address
PO BOX 2304
ARCADIA FL 34265
US

2. Principal Place of Business
2355 N. W. Pinebluff Ave
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2304
Suite, Apt. #, etc.

City & State
Arcadia FL
Zip
34265
Country
Desoto

City & State
Arcadia FL
Zip
34265
Country
Desoto

4. FEI Number 59-3461663

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRYMON, CHRISTY
2355 NW PINEBLUFF AVE
ARCADIA FL 34266

7. Name and Address of New Registered Agent
Name Kim Locklear
Street Address (P.O. Box Number is Not Acceptable)
2355 NW Pinebluff Ave.
Arcadia, FL 34265
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 *Kimberly Locklear*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-5-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | P | DRYMON, CHRISTY | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 6470 NW WUTHRICH AVE | |
| CITY-ST-ZIP | | ARCADIA FL 34266 | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|---|-------------------------|--|
| TITLE | P | Kimberly Locklear | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | 2355 N.W. Pinebluff Ave | |
| CITY-ST-ZIP | | Arcadia, FL 34265 | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Kimberly Locklear*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01
Date

863-491-0107
Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90046 032 ***558.75



DO NOT WRITE IN THIS SPACE

0126683 AT

CR2E034 (5/01)