2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT** # P97000070127 May 16, 2000 8:00 am 1. Entity Name J & S Concrete Of Brevard, Inc. **Secretary of State** 05-16-2000 90020 024 ***150.00 Principal Place of Business Mailing Address 6650 Aberdeen Avenue 6650 Aberdeen Avenue Cocoa, Fl. 32927 Cocoa, F1. 32927 2. Principal Place of Business 3. Mailing Address 5161 Palmetto Avenue 5161 Palmetto Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Cocoa, F1. Cocoa, F1. 59-3464853 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32926 32926 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Bremmer, Sonya</u> Bremmer, Sonya Street Address (P.O. Box Number is Not Acceptable) 6650 Aberdeen Avenue 5161 Palmetto Avenue Cocoa, F1. 32927 Zip Code 32926 Cocoa. 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ΞŁ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D $\overline{\mathtt{D}}$ Addition TITLE ☐ Delete TITLE Bremmer, Sonya Bremmer, Sonya NAME STREET ADDRESS 6650 Aberdeen Avenue STREET ADDRESS 5161 Palmetto Avenue CITY-ST-ZIP CITY-ST-ZIP Cocoa, Fl. 32926 Cocoa, F1. 32927 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME 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

☐ Delete

SIGNATURE:

TITLE NAME STREET ADDRESS

her Bunner

Pres.

STREET ADDRESS CITY-ST-ZIP

4-26-00

321-636-5234

☐ Change

Addition

Daytime Phone #