2002 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P97000070127 🔍. 1. Entity Name J & S CONCRETE OF BREVARD, INC. 05-14-2002 90282 018 ***150 00 Principal Place of Business Mailing Address 5161 PALMETTO AV 5161 PALMETTO AV COCOA FL 32926 COCOA FL 32926 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 59-3464853 Not Applicable Country 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 **BREMMER, SONYA** Street Address (P.O. Box Number is Not Acceptable) 5161 PALMETTO AV COCOA FL 32926 City Zip Code 8. The above named tity submits this stalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SONYA BREMMER, SIGNATURE rinted name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NAME BREMMER, SONYA NAME STREET ADDRESS 5161 PALMETTO AV STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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