2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000083776

Entity Name

ROBERT GUSEMAN CONCRETE WORK, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90214 010 ***150.00

Principal Pla 1961 GUSEA GULF BREE		Mailing Address 1961 GUSEMAN ROAD GULF BREEZE FL 32561				i herueri ing laun saam bang beng bang	6618 2 (2708 2012) 183	lli t en in piit ingt
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			4.	FEI Number 59-3473482 Applied Fo		· ·
Zip	Country Zip		Coun	Country		5. Certificate of Status Desired \$8.75 Add Fee Required		
	6. Name and Address of Curren	t Registered Agent			7.	Name and Address of New Register	ed Agent	
GUESEMAN, ROBERT				Name				
1961 GU	SEMAN ROAD	man a sand a community	Street Address (P.O.			. Box Number is Not Acceptable)		
GULF BF	REEZE FL 32561							· <u>-</u> .
				City			Zip Cod	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing	g its registere	d office or regis	stered ag	ent, or both, in the State of Florida.	am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature requ	uired when re	einstating) DA	TF	
< ∴ Aftei	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees
TITLE	OFFICERS AND DIRECTORS PST		11.	11.		DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GUSEMAN, ROBERT 1961 GUSEMAN ROAD GULF BREEZE FL 32561	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	754 73 2 180 2 180	☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	□ Delete	TITLE NAME STREE CITY-S	- T ADDRESS ST-ZIP		• 400	☐ Change	☐ Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	addr <u>e</u> ss it-zip	1.1		☐ Change	☐ Addition
ITLE HAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP		ì	☐ Change	Addition
I hereby ce indicated o of the corp changed, o	ertify that the information supplied with on this report or supplemental report is oration or the receiver of trustee empo or on an attachidery with an address, w	this filing does not qualify true and accurate and tha wered to execute this repo it an other like empowere	for the exem at my signature ort as required	ption stated in S e shall have the d by Chapter 60	Section 1 e same le 07, Florid	19.07(3)(i), Florida Statutes. I further orgal effect as if made under oath; that a Statutes; and that my name appears	ertify that the in I am an officer of in Block 10 or	formation or director Block 11 if

SIGNATURE: x

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 Date

805-934-0559 Davime Phone # CH2E034 (10/02)