## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P98000002308** 1. Entity Name SIMPLY CONCRETE AND BLOCK, INC. 05-31-2000 90032 007 \*\*\*150.00 Principal Place of Business Mailing Address 1462 PROPER ST. 1462 PROPER ST. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952-2329 2. Principal Place of Business 89/ Palmatho 3. Mailing Address 891 Palmetto Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Port (haro) Hz 4. FEI Number City & State 65-0810815 ort Charoltte Not Applicable <sup>Zip</sup> 33<u>952</u> \$8.75 Additional Charolts 5. Certificate of Status Desired Charoltte Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORDAN, ELIZABETH A . 1462 PROPER ST. PORT CHARLOTTE FL 33952 民政部的首位工作。 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 KYSSE // L. Singer (NOTE: Registered 49 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Delete TITLE TITLE JORDAN, CRAIG A NAME NAME STREET ADDRESS STREET ADDRESS 1462 PROPER STREET CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 Change ☐ Addition TITLE RIDGE, GAYLORD'R SAME NAME NAME STREET ADDRESS 6452 THORMAN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL 33981 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 5 mm & NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete - Delete TITLE TITLE NAME 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DELIVED HAME OF SIGNING AFFICER OR DIRECTOR

4/20/99 94/255-1252 Date Daytime Phone #