

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 029 ***150.00

DOCUMENT # P980000003047

1. Entity Name

Reliable Concrete Pumping Inc.

DO NOT WRITE IN THIS SPACE

830870

2. Principal Place of Business
17446 East St
Suite, Apt. #, etc.

Mailing Address
PO BOX 3516
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
D. Ft. Myers, FL

City & State
Ft. MI, FL

4. FEL Number
65-0805969

Applied For
 Not Applicable

Zip
33917

Country
Lee

Zip
33918

Country
Lee

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Michelle Sirianni

Street Address (P.O. Box Number is Not Acceptable)
15730 Jones Rd

City
D. Ft. Myers FL Zip Code
33917

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 Michelle Sirianni Pres.

4/5/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Michelle Sirianni
STREET ADDRESS
15730 Jones Rd
CITY-ST-ZIP
N. Ft. Myers, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V. President
NAME
Ronald Sirianni
STREET ADDRESS
15730 Jones Rd
CITY-ST-ZIP
N. Ft. Myers, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Sirianni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 941-543-9999
Date Day/Time Phone #

CR2E034B (12/01)