

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006884

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90056 008 \*\*\*150.00

1. Entity Name
GRAHAM CONCRETE PUMPING, INC.

Principal Place of Business
3280 NORTHWEST 46TH AVENUE
LAUDERDALE LAKES FL 33319
Mailing Address
3280 NORTHWEST 46TH AVENUE
LAUDERDALE LAKES FL 33319-5748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0814837
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TULLOCH, ANDREA M
200 SOUTHEAST 6TH STREET STE. 504
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name JOSEPH K. NOFIL, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3284 N. STATE ROAD 7
City LAUDERDALE LAKES FL Zip Code 33319

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 [Handwritten Signature]

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 3 columns: Title, Name, Street Address, City-ST-ZIP. Contains entries for GRAHAM, BEVERLY, GRAHAM, STANFORD, and GRAHAM, BARON.

Table with 3 columns: Title, Name, Street Address, City-ST-ZIP. Contains empty rows for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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.

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

Date

Daytime Phone #

CR2E034 (9/99)