2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P98000006884 DOCUMENT # 1. Entity Name 04-24-2002 90327 047 ***150.00 GRAHAM CONCRETE PUMPING, INC. Mailing Address Principal Place of Business 3280 NORTHWEST 46TH AVENUE 3280 NORTHWEST 46TH AVENUE B0076703 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES, FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State 65-0814837 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOFIL, JOSEPH H.PA Street Address (P.O. Box Number is Not Acceptable) 3284 N:STATE ROAD 7 *LAUDERDALE LAKES FL 33319 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE NAME NAME GRAHAM, BEVERLY STREET ADDRESS STREET ADDRESS 3280 NORTHWEST 46TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME GRAHAM, STANFORD STREET ADDRESS STREET ADDRESS 3280 NORTHWEST 46TH AVENUE CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GRAHAM, BARON STREET ADDRESS STREET ADDRESS 3280 NORTHWEST 46TH AVENUE CITY-ST-7IP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Change ☐ Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete 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

SIGNATURE: A

with an address, with all other like empowered.

Daytime Phone # .

FILED