2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000011179** BRIDGEPORT CONCRETE SERVICES, INC. 05-24-2000 90046 043 ***158.75 Mailing Address Principal Place of Business 8302 LAUREL FAIR CIR N LAUREL FAIR CIR N FFF 130 STE 130 TAMPA FL 33637-6744 1AMPA FL 33610 3. Mailing Address 2. Principal Place of Business 7840 Professional Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4, FEI Number & State ampa 17 59-3490727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent JAYNES, DAVID A 120 S. OLIVE AVE., STE. 702 W. PALM BEACH FL 33401 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en bmits this statement for the SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete Robert J. Martin NAME MARTIN, ROBERT 7840 Professional Place STREET ADDRESS 8302 LAUREL FAIR CIR N 130 STREET ADDRESS Tampa, FL 33637 CITY-ST-7IP CITY-ST-21E **TAMPA FL 33610** ☐ Addition ☐ Change 🔀 Delete TITLE TITLE MARTIN, ROGER NAME NAME STREET ADDRESS 8302 LAUREL FAIR CIR N 130 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** Change ☐ Addition TITLE Delete TITLE KEEFE. ROBERT NAME STREET ADDRESS 8302 LAUREL FAIR CIR N 130 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 of this see empowered to exempt the 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 attach ddress, with all other

SIGNATURE: _