2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P98000027081 RGB CONCRETE, INC. 04-30-2001 90135 022 ***150.00 Principal Place of Business Mailing Address 3328 GULFVIEW DR. 3328 GULFVIEW DR. HERNANDO BCH FL 34607 HERNANDO BCH FL 34607 3. Mailing Address 3280 Gulf 2. Principal Place of Business Gulf Winds Cir. WINDS CIR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3506837 ernando Not Applicable Country Zip Country \$8.75 Additional 5._Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNN, ROBERT G 3328 GULFVIEW DR. HERNANDO BCH FL 34607 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete ☐ Addition TITLE TITLE BUNN DEBBIE J BUNN, DEBBIE J NAME NAME 3280 GUIF WINDS CIR. STREET ADDRESS STREET ADDRESS 3328 GULFVIEW DR. Hernando Bch, Fl 34607 CITY-ST-ZIP CITY-ST-ZIP HERNANDO BCH FL 34607 ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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 address, with all other like empowered.