2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P98000027081 1. Entity Name 03-07-2002 90019 026 ***150.00 RGB CONCRETE, INC. Principal Place of Business Mailing Address 3280 GULF WINDS CIRCLE 3280 GULF WINDS CIRCLE HERNANDO BCH FL 34607 HERNANDO BCH FL 34607 2. Principal Place of Business 3294 Commercial WAS 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3506837 Not Applicable prina \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Jernand D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -BUNN, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 3280 GULFWINDS CIRCLE HERNANDO BCH FL 34607 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 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Change CR2E034 (9/01 TITLE ☐ Delete NAME Bunn, Debbie J NAME 3280 GULF WINDS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO BEACH FL 34607 ☐ Change ☐ Addition Delete TITLE TITLE Robert G. Bunn 3280 Gulf Winds Ciecle NAME NAME STREET ADDRESS STREET ADDRESS Hernando Beach, FL 34607 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Debbie J. Bunn 3280 Gulf Winds Ciacle NAME NAME STREET ADDRESS STREET ADDRESS Hernando Beach, F1 34601 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ 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 extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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