## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGE lof2

941-262 7320 Daytime Phone #

10-23 - 00 Date

DOCUMENT # P9800041720				FILED		
B.Q.	Concrete	.Inc.		00 OCT 25 AM II: 30		
Principal Place of Business Mailing Address				SECRETARY OF STATE		
92 madison Drive				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Map	iles, FL 341	1]		:		
2. Principal Pl	ace of Business 1600 Dive	3. Mailing Address				
Suite, Apt.	CCC2	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	les. FL	City & State	٠		ed For opplicable	
3411	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	onal	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
Rud	du Dun HOC		Name,	,		
Guddy Ovarles.  92 madison Drive				Street Address (P.O. Box Number is Not Acceptable)		
	HES, FL 3411		City	FL Zip Code	<u> </u>	
8 The above	named entity submits this statement for	the purpose of changing its	reaistered office or re	gistered agent, or both, in the State of Florida.		
o. The above	. / A					
SIGNATURE	Signature, types of printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent signature r	10 - 3 - 00 equired when reinstating)  DATE	<del></del>	
9. This corpo	pration is eligible to satisfy its intangible	FILE NOW!	FEE IS \$150.00	4-00		
			I I FF IF A LANGE	್ಯಾಪ್ರಿಸಿಕೊಂಡಿ 10 Election Campaign Financing %5 110	May Re	
-	equirement and elects to do so.	The desired and the control of the c	0 Fee will be \$550	7 State Trust Fund Contribution. Added to		
-		After MAY 1, 200 Make Check Payabl DIRECTORS	00 Fee will be \$550 e to Department o	Trust Fund Contribution. Added to  State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11	
(See criter  11.  TITLE	ria on back)	After MAY 1, 200 Make Check Payabl	10 Fee will be \$550 e to Department o	Trust Fund Contribution. Added to ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11	
(See criter	ria on back)	After MAY 1, 200 Make Check Payabl DIRECTORS	00 Fee will be \$550 e to Department o	Trust Fund Contribution. Added to  State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11  Addition	
(See criter  11.  TITLE  NAME	ria on back)	After MAY 1, 200 Make Check Payabl DIRECTORS	NO Fee will be \$550 to Department of 12. TITLE NAME	Trust Fund Contribution. ☐ Added to    State	N 11  Addition	
(See criter  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl DIRECTORS  Delete	NO Fee will be \$550 to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. ☐ Added to Ad	N 11  Addition	
(See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl DIRECTORS  Delete	PO Fee will be \$550  e to Department o  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Trust Fund Contribution. ☐ Added to Ad	N 11 Addition 12 0.00	
(See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	ria on back)	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution	Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl DIRECTORS  Delete	NO Fee will be \$550 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE THE THE THE THE THE THE THE THE THE TH	Trust Fund Contribution	N 11 Addition 12 0.00	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution	Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	Trust Fund Contribution. Added to Added	N 11 Addition Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. Added to Added	Addition	
(See criter  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. Added to Added	N 11 Addition Addition	
(See criter  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution	N 11 Addition Addition	
(See criter  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete	NO Fee will be \$550 to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution	N 11 Addition Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Trust Fund Contribution	Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution	Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  Delete  Delete  Delete  Delete	IO Fee will be \$550 to Department of 12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Trust Fund Contribution	Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete  Delete  Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution Added to Added	Addition  Addition  Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ia on back)  OFFICERS AND I	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete  Delete  Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution Added to Added	Addition  Addition  Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	officers and I  officers and I	After MAY 1, 200 Make Check Payabl  Delete  Delete  Delete  Delete  Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution	Addition  Addition  Addition  Addition	
(See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	officers and in the information supplied with the information supp	After MAY 1, 200 Make Check Payabl  DIRECTORS  Delete  Delete  Delete  Delete  Delete  Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution Added to Added	Addition  Addition  Addition  Addition	

## B.Q. Concrete, Inc.

92 Madison Drive Naples, Florida 34110 941-643-1155

August 6, 2000

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 2000 Uniform Business Report

Dear Sirs:

Enclosed is my 2000 Uniform Business Report, second notice, along with my check for \$150, as per our phone conversation. In summary of our conversation, the report I received is a delinquent report and the first report I received from you. The original report was never received and out of my control. Had I received the original report before the filing date, the report would have been filed on time.

This, I trust will resolve the matter. Should you need anything further, please contact me.

Sincerely,

Buddy Quarles, President

enclosures