2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000047612 Mar 15, 2000 8:00 am **Secretary of State** OLMSTEAD & SONS CONCRETE, INC. 03-15-2000 90016 038 ***150.00 Mailing Address Principal Place of Business 6331 S.W. 41ST STREET 6331 S.W. 41ST STREET DAVIE FL 33314-3502 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0859303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARLENE NELSON-OLIPHANT, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 2071 S.W. 70TH AVENUE, SUITE G8 DAVIE FL 33317 Zip Code FL 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. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P+T ☐ Addition TITLE Delete TITLE OLMSTEAD, RONALD OLMSTEAD, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 6331 5W 41ST STREET 6331 SW 41ST STREET CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 33314 **DAVIE FL 33314** Addition ☐ Delete TITLE TITLE LITTON, STEVE NAME LITTON, STEVE 8067 NW 10TH STREET STREET ADDRESS STREET ADDRESS 8067 NW 10TH STREET CITY-ST-ZIP CITY-ST-ZIP ALANTATION, FL 33322 PLANTATION FL 33322 Delete TITLE Change ☐ Addition TITLE OLMSTEAD, KELLY J NAME ---NAME STREET ADDRESS STREET ADDRESS 6331 SW 41ST STREET CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314 Delete** TITLE [] Change ☐ Addition TITLE NAME CURTIN, RICHARD NAME STREET ADDRESS STREET ADDRESS 6331 SW 41ST ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Addition X Delete TITLE TITLE NAME ROZADA, JUAN NAME STREET ADDRESS STREET ADDRESS 5721 SW 40TH ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Change ☐ Addition Delete Delete TITLE TITLE LEE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **6711 LEE STREET** CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33024 13. I hereby certify that the information supplied with this filling 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 trusted 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. 3/1/2000 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR