2001 UNIFORM BUSINESS REPORT (UBR)

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changed, or on an attachment

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P98000048451 JACK'S CONCRETE PUMP RENTAL, INC. 01-30-2001 90057 016 ***150.00 Mailing Address Principal Place of Business 13904 SOUTHWEST 46TH TERRACE 13904 SOUTHWEST 46TH TERRACE SUITE D SUITE D **MIAMI FL 33175** MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0839481 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 (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 After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSTD** ☐ Addition TITLE Change ☐ Delete TITLE BRADLEY, JOHN H NAME NAME 13904 SOUTHWEST 46TH TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP City-St-ZIP ☐ Addition ☐ Delete Change TITLE TITLE JOHNSON, FRED NAME NAME 13904 SOUTHWEST 46TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition Change TITLE ☐ Delete TITLE BRADLEY, LILLIAN NAME NAME STREET ADDRESS 13904 SOUTHWEST 46TH TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

LILIAN BRADLEY 1-21-01