

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90044 012 ***150.00

DOCUMENT # P98000060859

1. Entity Name

ADVANCED CONCRETE SOLUTIONS, INC.

Principal Place of Business

**12808 LOWER RIVER BLVD
ORLANDO FL 32828
US**

Mailing Address

**12808 LOWER RIVER BLVD
ORLANDO FL 32828
US**

2. Principal Place of Business

13723 Dornoch Dr.

Suite, Apt. #, etc.

3. Mailing Address

13723 Dornoch Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32828

Country

Orange

Zip

32828

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3521342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANUSZKIEWICZ, KENNETH P
12808 LOWE RIVER BLVD
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **Anuszkiewicz, Kenneth P.**

Street Address (P.O. Box Number is Not Acceptable)

13723 Dornoch Dr.

City **Orlando**

FL

Zip Code

32828

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]

2-23-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax-filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	ANUSZKIEWICZ, KENNETH P	
STREET ADDRESS	12808 LOWER RIVER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anuszkiewicz, Kenneth P.	
STREET ADDRESS	13723 Dornoch Dr.	
CITY-ST-ZIP	Orlando FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth P. Anuszkiewicz

2-23-02

Daytime Phone # **(407) 150-7624**

CR2E034 (9/01)