

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90016 043 \*\*\*550.00

DOCUMENT # **P98000064653**

1. Entity Name  
**DR. ROCK PRECAST REPAIRS, INC.**

Principal Place of Business Mailing Address  
**9084 MADRID Rd.**  
**BROOKSVILLE, FL. 34643**

2. Principal Place of Business 3. Mailing Address  
**9084 MADRID Rd**  
**BROOKSVILLE**  
**FL.**  
**34613**  
**HERNANDO**

4. FEI Number **59-3524326**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**00057357**

6. Name and Address of Current Registered Agent  
**DONALD K + CECELIA A. McCRAY**  
**9084 MADRID Rd.**  
**BROOKSVILLE, FL. 34613**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 **Cecelia A. McCray** **5-31-01**  
 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. ☐ **FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
 NAME **PRES. DONALD K. McCRAY**  
 STREET ADDRESS **9084 MADRID Rd.**  
 CITY-ST-ZIP **BROOKSVILLE, FL. 34613**  
 TITLE ☐ Delete  
 NAME **SECT. CECELIA A. McCRAY**  
 STREET ADDRESS **9084 MADRID Rd.**  
 CITY-ST-ZIP **BROOKSVILLE FL. 34613**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for an 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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: **Cecelia A. McCray** **CECELIA A. McCRAY** **5-31-01** **352-597-6801**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (11/00)