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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064833

DOCUMENT #
1. Entity Name

BONITA CONCRETE, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90083 007 ***150.00

| Pincipal Place of Duclames 2228 STILLUREL PARROYA BONTA SPRINGS FL 9435 2. Principal Place of Bits nees Satto, Apri. 4, alc. Sulto, Apri. 4, olc. Sult | | | | | | | CONT. | | | | | | |
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| 2. Principal Risear of Business 3. Mailing Address Suito Apil 4, etc. Suito 4. FEI Number 59-3525044 Applied For Nor Applied Applied For Nor | 25294 STILLWELL PARKWAY | | | | 25294 STILLWELL PARKWAY | | | | | | | | |
| City & Sittle City & | 2. Principal P | Place of Busin | ess | 3. Mailing Address | | | | | | 7 380 216002 210 20101 140111 03411 60111 0 | HIII EDIN o e i | | |
| Zip Country Zip Country S. Cerriticale of Status Desired S8.75 Additional real Part Secret Address of Current Registered Agent Name | Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | |
| Country Zip Country Zip Country S. Certificatio of Status Deered \$8,75 Additional Fee People and Service Agent Steep Additional Fee People and Service Agent Steep Additional Fee People and Service Agent Steep Address of New Registered Agent Name | City & State | | | | City & State | | | | 39-3323044 | | | | |
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| Name Name Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable | _ · _ | 6. Name | and Address of Current | Register | legistered Agent | | | . % e : | 7. Name and Address of New Registered Agent | | | | |
| Sircet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an origations of registered agent. SIGNATURE Syndian, typed or inhiest name of ingitioned agent and site if anginable. (MOTE Registered Agent spreador represent received agent, or both, in the State of Florida. I am familiar with an all accept the originations of registered agent. Or both, in the State of Florida. I am familiar with an all accept the originations of registered agent. Or both, in the State of Florida. I am familiar with an all accept the originations of registered agent, or both, in the State of Florida. I am familiar with an all acceptations of registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent, or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the State of Florida. I am familiar with an all acceptations of the registered agent. Or both, in the Stat | | | | | | | Name | | | | | | |
| 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES R. 34103 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent and river fragricable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | • | | | | Street Address | | | ress (P. | (P.O. Box Number is Not Acceptable) | | | | |
| S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature, Stepped or primed name of registered agent and this if applicable. (NOTE Registered Agent segnature required when nemating) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | - | |
| SIGNATURE Signature File Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | NAPLES FL 34103 | | | | | | City | | | | FL | Zip Cod | - |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | 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. I am familiar with, and accept | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS | | | | | | | | | | | | | |
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| | | artify that the | information supplied with | thic fills | does not avalify f | | | in Sant | ioo * | 10 07(2\6) Florido Presido - | thor ocatif | uthet de - 1 | formetic |

12. 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 eath; that I am an officer or director of the corporation or the receiver of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowared

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)