

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/0

FILED

01 MAR 26 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/22/01 90107-006-\$150.00

DOCUMENT # P98000067494			
1. Entity Name BULLDOG CONCRETE, INC.			
Principal Place of Business 1718 SEELEY CIRCLE N.W. PALM BAY FL 32907		Mailing Address 1718 SEELEY CIRCLE N.W. PALM BAY FL 32907	
2. Principal Place of Business 1718 Seeley Cir. N.W.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Bay Fla		City & State Palm Bay Fla	
Zip 32907		Zip 32907	
Country USA		Country USA	
4. FEI Number 59-3531021		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBBINS, CRAIG 1718 SEELEY CIRCLE N.W. PALM BAY FL 32907		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 <i>Craig Robbins</i> (Signature, typed or printed name of registered agent and title if applicable)		DATE <i>1-9-01</i> (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, CRAIG 1718 SEELEY CIRCLE N.W. PALM BAY FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Craig Robbins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1-9-01</i> (321) 676-7611 Daytime Phone #	

CR2E034 (1/00)