

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90024 041 \*\*\*150.00

**DOCUMENT # P98000072866**

1. Entity Name

**1ST CLASS PRECAST INSTALLATION, INC.**

Principal Place of Business

**5000 CLARCONA-OCOEE RD  
 ORLANDO FL 32810**

Mailing Address

**5000 CLARCONA-OCOEE RD  
 ORLANDO FL 32810**

2. Principal Place of Business

**3817 TRAM CT.**

3. Mailing Address

**P.O. Box 656**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**CLARCONA FL**

Zip

**32810**

Country

**ORANGE**

Zip

**32810-0656**

Country

**ORANGE**

4. FEI Number

**59-3525505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMITH, RONALD A  
 5000 CLARCONA-OCOEE RD  
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

**SMITH, RONALD A**

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

**3817 TRAM CT.**

City

**ORLANDO**

**FL**

Zip Code

**32810**

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 **Ronald A. Smith, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/02**

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 **P** ☐ Delete  
 NAME **SMITH, RONALD A**  
 STREET ADDRESS **5000 CLARCONA-OCOEE RD**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Smith, Ronald A**  
 STREET ADDRESS **3817 TRAM CT.**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Change ☒ Addition  
 NAME **V. P. WEBER, GLEN R.**  
 STREET ADDRESS **9290 OVERLAND RD Apt 4**  
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

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:

**Ronald A. Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/09/02**  
 Date

**(407) 948 1285**  
 Daytime Phone #

CR2E034 (9/01)