

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087188

Entity Name

RED DOG CONCRETE PUMPING, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90053 026 \*\*\*158.75

Principal Place of Business

SW 24TH AVE  
LAUDERDALE FL 33312

Mailing Address

4884 SW 24TH AVE  
FT LAUDERDALE FL 33312-5927

731804

Principal Place of Business

4560 S.W. 61st Ave

Suite, Apt. #, etc.

Nova Plaza #5

City & State

Davie FL

Zip

33325

Country

BROWARD

3. Mailing Address

Suite, Apt. #, etc.

865 Cumberland Terrace

City & State

Davie FL

Zip

33325

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0867660

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, DONALD R  
4884 SW 24TH AVE  
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

JAMES PARKER

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

865 Cumberland Terrace

City

Davie

FL

Zip Code

33325

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

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**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, DONALD R	
STREET ADDRESS	4884 SW 24TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	V	<input type="checkbox"/> Delete
NAME	TUCKER, C. W.	
STREET ADDRESS	4479 S.W. 68TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARKER, JAMES L	
STREET ADDRESS	641 GREEN RIVER LANE	
CITY-ST-ZIP	DAVIE FL 33325	
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		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	865 Cumberland Terrace	
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:

*James L. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

Daytime Phone #

CR2E034 (9/99)