

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90057 015 ***150.00

DOCUMENT # P98000087188

1. Entity Name

RED DOG CONCRETE PUMPING, INC.

Principal Place of Business

4560 SW 61ST AVE
 NOVA PLAZA # 5
 DAVIE FL 33325

Mailing Address

865 CUMBERLAND TERRACE
 DAVIE FL 33325

2. Principal Place of Business

Storage U.S.A. # 186

3. Mailing Address

Suite, Apt. #, etc.

63

City & State

DAVIE, FLA

City & State

Zip
 33314

Country

BROWARD

Zip

Country

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

PARKER, JAMES
 865 CUMBERLAND TERRACE
 DAVIE FL 33325

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

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.
 (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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 TUCKER, C. W.
 4479 S.W. 66TH TERRACE
 DAVIE FL 33314 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 PARKER, JAMES L
 865 CUMBERLAND TERR.
 DAVIE FL 33325 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES L. PARKER 4-4-02 954-382-2698

CR2E034 (9/01)