

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090327

1. Entity Name  
RUSH CONCRETE, INC. -

**FILED**  
Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90018 015 \*\*\*550.00

Principal Place of Business

500 3RD ST NW  
LARGO FL 33770

Mailing Address

500 3RD ST NW  
LARGO FL 33770

2. Principal Place of Business

8770 SUMMERBET DR  
Suite, Apt. #, etc.

3. Mailing Address

13650 66TH ST. N.  
Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

59-3534476

Applied For

Not Applicable

Zip

Country

33771 U.S.

Zip

Country

33771 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRABB, JAMES R  
500 3RD ST NW  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

JAMES R. CRABB

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

13650 66TH ST. N.

City

LARGO

FL

Zip Code

33771

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]*

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

(NOTE: Registered Agent signature required when reinstating)

9-12-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	ROESCH, JOHN MARK	
STREET ADDRESS	500 3RD ST NW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	CRABB, JAMES R	
STREET ADDRESS	500 3RD ST NW	
CITY-ST-ZIP	LARGO FL 33770	
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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	13650 66TH ST. N.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	13650 66TH ST. N.	
CITY-ST-ZIP	LARGO, FL 33771	
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

727-535-6157

Daytime Phone #

CR2E034 (5/00)