2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # P98000090711 **Secretary of State** - SPARR CONCRETE, INC. 03-19-2001 90055 041 ***150.00 Principal Place of Business Mailing Address SPARR CONCRETE INC. SPARR CONCRETE INC. 12871 NE 7TH AVE. 12871 NE 7TH AVE. UUUZbZbU **CITRA FL 32113 CITRA FL 32113** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3550366 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-DEAN, JONATHAN S 230 N.E. 25TH AVENUE OCALA FL 34470 8. The above named entity submit ent for the purpose of changing its registered office or registered agent, ochoth, in the State of Florida Signature, typed or printed na e of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. R2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE Taylor, David C NAME TAYLOR, DAVID C NAME 5934 'NE 65 Street STREET ADDRESS STREET ADDRESS 18901 E. STATE RD. 60 LOT 36 CITY-ST-ZIP CITY-ST-ZIP SilverSprings FL 34488 SILVER SPRINGS FL 36688 Change TITLE ☐ Delete TITLE TS ☐ Addition Taylor, Guda: NAME TAYLOR, GUDA NAME 5934 NE 45 Street STREET ADDRESS STREET ADDRESS 18901 E. STATE RD 60 LOT 36 Silver Sprmas FL 34488 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 36688 TITLE ∘ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplier or all 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 of 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 appears, with all other like empowered.

SIGNATURE:

Davis C. Taylor

03/13/01

352 629-0980