DOCUMENT # P98000100523 1. Entity Name

C & B CONCRETE TECHNOLOGIES, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90125 001 ***476.25

Principal	Place o	f Business
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Mailing Address

3170 SE WAALER ST STUART FL 34997

P O BOX 3016 STUART FL 34995-3016

Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Desired S. Certificate of Status Desired S. 75 Additional Desired S. Certificate of Status Desired S. S. Certificate of Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. SIGNATURE SIGNATURE S. Certificate of Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. In the Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. In the Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. In the Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. In the Status Desired Agent S. Certificate Office or registered agent, or both, in the Status of Froids. In the								
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PERRY, STEVEN L 2081 E OCEAN BLVD 2ND FLOOR STUART FL 34996 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 9. This corporation is eligible to satisfy its infrangible Tax filling or purpose and steel fix policities on the fix policities of the state of Florida. 9. This corporation is eligible to satisfy its infrangible Tax filling or purpose and steel fix policities or the fix policities of the fix polici	City & State		City & State		4.	FEI Number 65-0879524	<u> </u>	pplied For ot Applicable
PERRY, STEVEN L 2081 E OCEAN BLVD 2ND FLOOR STUART FL 34996 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to sately its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TOTAL THE STREET AUDRESS CITY-ST-2P TILE NAME BARZ, MARGY PO. BOX 8345 FT. ST. LUCIE FL 34985 TILE COPRESAND BARZ, MARGY TILE COPRESAND BARZ, MARGY TILE COPRESAND BOILE FL 34985 TILE COPRESAND BOILE FL 34985 TILE COPRESAND CITY-ST-2P COPRESAND, RAYMOND CITY-ST-2P COPRESAND	Zip	Country	Zip	Country	5.	Certificate of Status Desired		
PERRY, STEVEN L 2081 E OCCAN BLVD 2ND FLOOR STUART FL 34996 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City FL Zip Code City FL Zip Code City		6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Registers	ed Agent	
Street Address (P.O. Box Number is Not Acceptable) STUART FI 34996 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code STUART FI 34996 City FL Zip Code City FL Zip Code STUART FI 34996 City FL Zip Code City FL Zip Code STUART FI 34996 City FL Zip Code City FL Zip Code STUART FI 34996 STORMAN, hypead or printed name of registered agent and lafe if applicable. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code STUART FILE NOW!!! FEE IS 150.00 After MAY 1, 2001 Fee will be \$50.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fe Code Contribution. Added to Fe Code Contribution. Added to Fe Code Code Code Code Code Code Code Cod				Name	Name			
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SIGNATURE Signature, typed or printed name of registered agent and tell if applicable. NOTE Registered Agent signature required when rentating) DATE	STUART FL 34996			City			Zip Cod	de
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CORRIGAN, THERESA R 3170 SE WAALER ST STUART FL 34997 TITLE BARZ, MARGY P.O. BOX 9345 PT. ST. LUCIE FL 34985 CITY-ST-ZIP TITLE MCCORRIGAN, RAYMOND TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAM		223					E	
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