

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90287 001 ***476.25

DOCUMENT # P98000100523

1. Entity Name

C & B CONCRETE TECHNOLOGIES, INC.

Principal Place of Business

**3170 SE WAALER ST
 STUART FL 34997**

Mailing Address

**P O BOX 3016
 STUART FL 34995-3016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, STEVEN L
 2081 E OCEAN BLVD
 2ND FLOOR
 STUART FL 34996**

*Address Change
 Only*

Name

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

**Monterey Triangle Fourth Floor
 2400 SE Federal Highway
 City Stuart FL Zip Code 34994**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 CORRIGAN, THERESA R
 3170 SE WAALER ST
 STUART FL 34997**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 CORRIGAN, DAVID H SR
 4063 SE JACARANDA ST
 STUART FL 34997**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 CORRIGAN, RAYMOND M
 2161 MIDTOWN
 PORT SAINT LUCIE FL 34952**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PRESIDENT
 4289 SE Boxleaf Place
 Stuart FL 34997**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VICE PRESIDENT

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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 like empowered

SIGNATURE:

DAVID H CORRIGAN SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

CR2E034 (9/01)