

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000015811*

1. Entry Name

RJ+G Concrete, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

112 N Magnolia Ave.

Suite, Apt. #, etc.

Suite #A

City & State

Green Cove Springs, FL

Zip

32043

Country

U.S.

3. Mailing Address

112 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite #A

City & State

Green Cove Springs, FL

Zip

32043

Country

U.S.

2001 AMENDED UBR

4. FEI Number

59-3560562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Greg C. Belcher

3112 N. Magnolia Ave. Suite A

Green Cove Springs, FL 32092

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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 *President*
NAME *Greg C. Belcher*
STREET ADDRESS *112 N. Magnolia Ave. Suite A*
CITY-ST-ZIP *Green Cove Springs, FL 32092*

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004730694--5
-12/19/01--01003--007
******61.25 *****61.25*

☐ Change ☐ Addition

TITLE *Vice President*
NAME *GARY O. Costello*
STREET ADDRESS *5143 Sweet Rd.*
CITY-ST-ZIP *Green Cove Springs, FL 32043*

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Greg C. Belcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4 904-759-0395
Date Daytime Phone #

CR2E034 (11/00)

FILED
01 NOV 28 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA