

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90031 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000015811			
1. Entity Name RJ&G CONCRETE, INC.			
Principal Place of Business 112 N. MAGNOLIA AVE #A GREEN COVE SPRINGS FL 32043		Mailing Address 112 N. MAGNOLIA AVE #A GREEN COVE SPRINGS FL 32043	
2. Principal Place of Business 418 Orange Avenue		3. Mailing Address 418 Orange Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL	
Zip 32043	Country USA	Zip 32043	Country USA
4. FEI Number 59-3560562			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BELCHER, GREG C 112 N. MAGNOLIA AVE SUITE A GREEN COVE SPRINGS FL 32043			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> (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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BELCHER, GREG	TITLE	NAME
STREET ADDRESS 112 N. MAGNOLIA AVE STE #A	CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME COSTELLO, GARY	TITLE	NAME
STREET ADDRESS 112 N. Magnolia Ave Ste A	CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	STREET ADDRESS	CITY-ST-ZIP
TITLE SECRETARY	NAME MELISSA WITHERS	TITLE	NAME
STREET ADDRESS 112 N. Magnolia Ave Ste A	CITY-ST-ZIP Green Cove Springs FL 32043	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4-30-02** Daytime Phone # **759-6296**

CR2E034 (9/01)