

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90082 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000016064

1. Entity Name
WILLIE EVANS CONCRETE, INC.



Principal Place of Business
~~8190 LOCH LOMOND LANE~~
~~JACKSONVILLE, FL 32244~~

Mailing Address
~~8190 LOCH LOMOND LANE~~
~~JACKSONVILLE, FL 32244~~

2. Principal Place of Business

3. Mailing Address

8189 LOCH LOMOND LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FLA.

Zip

Country

Zip

Country

32244

FL

4. FEI Number

59-3560281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

EVANS, WILLIE L
8448 CROSS TIMBERS CT
JACKSONVILLE, FL 32244

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
EVANS, WILLIE L
~~**8190 LOCH LOMOND LANE**~~
~~**JACKSONVILLE, FL 32244**~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8448 CROSS TIMBERS CT
JACKSONVILLE, FLA 32244

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SMITH, RICHARD T JR
8189 LOCH LOMOND LANE
JACKSONVILLE, FL 32244

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all of the same empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T SMITH JR

5-25-03

904 219-8724

Date

Daytime Phone #

CR2E034 (10/02)