2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000018402 DOCUMENT

1. Entity Name

DANIEL JORDAN'S CONCRETE, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90541 042 ***150.00

Principal Place of Business 232 NORTH EAST 12TH AVENUE BOYNTON BEACH FL 33435		Mailing Address 232 NORTH EAST 12TH AVENUE BOYNTON BEACH FL 33435					A The state of the			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. F	4. FEI Number 65-0848164			Applied For Not Applicable		
Zip	Country	Zip	ip Count		5. (Certificate of Status Desired		\$8.75 Additional Fee Required		7
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Regis	tered Age	int		1
		Name								
	WILBUR V	Street Addre			dress (P.O. B	ess (P.O. Box Number is Not Acceptable)				
	TH EAST 1ST STREET									-
Delray e	BEACH FL 33483					•	_	_	_	-
,•			City		-	FL	Zip Cod	le .]	
	named entity submits this statement to	r the purpose of chang	ging its registere	d office or r	egistered age	ent, or both, in the State of Florida	. I am fam	iliar with,	and accept	1
the obligat	ions of registered agent.	•								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	Agent signature	a required when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003_Fee will be \$550.00 Make Check Payable to Florida Department of State					· .	Election Campaign Financ Trust Fund Contribution.	ing		00 May Be d to Fees	1
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	RS AND DI	RECTOR	S IN 11	1,
TITLE	2= 00/4,0		-] Change	Addition	6
NAME CIRCET ADORESC	JORDAN, DANIEL	-	NAM	ET ADDRESS						1
STREET ADDRESS CITY-ST-ZIP			CITY		• /-					1 8
TITLE	DPS	☐ Deleti	e TITLE					Change	Addition	12
NAME	JORDAN, CHARLENE	<u> </u>	NAM				_			1
STREET ADDRESS	232 NORTH EAST 12TH AVENUE			ET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435			ST-ZIP]`
TITLE		☐ Delete	•	1] Change	Addition Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						1
TITLE		☐ Delete	e TITLE] Change	Addition	1
NAME			NAMI							1
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						}
TITLE		☐ Delete					L.] Change	☐ Addition	
NAME STREET ADDRESS	THE RELEASE		NAM(STRF	ET ADDRESS						
CITY-ST-ZIP	 .			ST-ZIP	<u> </u>			<u></u>	ها در به شد آ	.
TITLE		☐ Delete	TITLE		1] Change	Addition	1
NAME		_ 3 ****	NAME		-		. –	•		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY.	ST-ZIP						1

12. Thereby 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 other like empowered.

SIGNATURE: