2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State P99000020931 **DOCUMENT #** 1. Entity Name 01-30-2002 90065 028 ***158.75 NOTHING BUT CONCRETE, INC. Mailing Address Principal Place of Business 612 SE 2ND ST 612 SE 2ND ST CAPE CORAL FL 33990 CAPE CORAL FL 33990 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0899371 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent DEROUEN, SHELLY A Street Address (P.O. Box Number is Not Acceptable) 1953 COLONIAL BLVD FT MYERS FL 33907 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Defete TITLE NAME HOBBIC, WAYNE D NAME STREET ADDRESS 612 SE 2ND ST STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33990 CUTY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE VSD NAME NAME Hobbic, Karen STREET ADDRESS STREET ADDRESS 612 SE 2ND ST CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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FILED Mar 12, 2002 8:00 am

13. I hereby certify that the information supplied with this filling 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:

KONATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

941-772-1816

Daytime Phone #