

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022144

1. Entity Name

KEYSTONE PRECAST, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90038 003 ***150.00

Principal Place of Business

Mailing Address

~~11 NEEDLES DRIVE~~ 3809 S. Indian River Dr. ~~11 NEEDLES DRIVE~~ 3809 S. Indian River Dr.
~~OCALA FL 34482~~ FT. Pierce, FL 34482 ~~OCALA FL 34482~~ FT. Pierce, FL 34482

2. Principal Place of Business

3809 So. Indian River Dr.

3. Mailing Address

3809 So. Indian River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

59-3561776

Applied For

Not Applicable

Zip

Country

33982

USA

Zip

Country

33982

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISETTE, ADRIAN T

~~11 NEEDLES DRIVE~~
~~OCALA FL 34482~~

Name

MORRISETTE, ADRIAN T.

Street Address (P.O. Box Number is Not Acceptable)
3809 So. Indian River Drive

City

FL

Zip Code
34982

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PTD
STREET ADDRESS MORRISETTE, ADRIAN T
CITY-ST-ZIP 11 NEEDLES DRIVE
OCALA FL 34482

TITLE ☒ Change ☐ Addition
NAME PTD
STREET ADDRESS Morrisette, Adrian T.
CITY-ST-ZIP 3809 So. Indian River Drive
Fort Pierce, FL 33982

TITLE ☐ Delete
NAME VSD
STREET ADDRESS MORRISETTE, LINDA S
CITY-ST-ZIP 11 NEEDLES DRIVE
OCALA FL 34482

TITLE ☒ Change ☐ Addition
NAME VSD
STREET ADDRESS Morrisette, Linda S
CITY-ST-ZIP 3809 So. Indian River Drive
Fort Pierce, FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)