

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028441

1. Entity Name

CENTRAL FLORIDA CONCRETE CUTTING, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90048 011 \*\*\*150.00

Principal Place of Business

Mailing Address

904 MARLOWE AVE.  
ORLANDO FL 32809

904 MARLOWE AVE.  
ORLANDO FL 32809-6375

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593584011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLEHARDT, JOHN C  
1524 E. LIVINGSTON ST.  
ORLANDO FL 32803

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

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, 2000 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 P  
NAME BONITZ, RONALD J  
STREET ADDRESS 904 MARLOWE AVE.  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE P  
NAME RONALD J BONITZ ☒ Change ☐ Addition  
STREET ADDRESS 2915 38TH ST.  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE V  
NAME RITCHIE, JAMES  
STREET ADDRESS 17648 ADAMS ST.  
CITY-ST-ZIP WINTER GARDEN FL ☒ Delete

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

TITLE T  
NAME ROGERS, SHANNON  
STREET ADDRESS 1373 PALM AVE.  
CITY-ST-ZIP WINTER PARK FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Ronald J Bonitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)