

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016796 AV

DOCUMENT # P99000032474

1. Entity Name  
S & R CONCRETE, INC.

FILED

02 DEC -2 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business  
6070 IDLEWYLE CIR. BLDG. A  
W. MELBOURNE FL 32904

Mailing Address  
6070 IDLEWYLE CIR. BLDG. A  
W. MELBOURNE FL 32904

2. Principal Place of Business  
475 STAN DR  
Suite, Apt. #, etc.  
City & State  
W. MELBOURNE, FL  
Zip  
32904

3. Mailing Address  
475 STAN DR  
Suite, Apt. #, etc.  
City & State  
W. MELBOURNE, FL  
Zip  
32904

4. FEI Number 59-3569765  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~HARTGRAVE, SUSAN~~  
~~450 WILSON AVE~~  
~~SATELLITE BEACH FL 32037~~  
GWEN SIMCOX

7. Name and Address of New Registered Agent  
Name  
GWEN SIMCOX  
Street Address (P.O. Box Number is Not Acceptable)  
737 ESPANOLA WAY  
City  
MELBOURNE FL Zip Code  
32901

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]* 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMCOX, FRED D 737 ESPANOLA WAY MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GWEN SIMCOX 737 ESPANOLA WAY MELBOURNE, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GWEN SIMCOX 737 ESPANOLA WAY MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400009556474 12/17/02--01022--010 **500.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400009556474 12/17/02--01022--011 **250.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)