

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90159 027 ***150.00

DOCUMENT # P99000040307

1. Entity Name
KEN'S CONCRETE PUMPING SERVICE INC.



Principal Place of Business
~~RT 1 BOX 96-AA~~
GREENVILLE FL 32331

Mailing Address 4952 S.W. Raymond St.
~~RT 1 BOX 96-AA~~
GREENVILLE FL 32331

2. Principal Place of Business

4952 S.W. Raymond Sheffield Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Greenville

City & State
FLA

4. FEI Number 59-3574588

Applied For
Not Applicable

Zip 32331

Country MADISON

Zip

Country

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

CLABAUGH, KEN
~~RT 1 BOX 96-AA~~
GREENVILLE FL 32331

Name

Street Address (P.O. Box Number is Not Acceptable)

4952 S.W. Raymond Sheffield Rd

City & State
Greenville

FL

Zip Code 32331

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLABAUGH, KEN	
STREET ADDRESS	RT 1 BOX 96-AA	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLSON, CHRIS	
STREET ADDRESS	RT 1 BOX 96-AA	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN CLABAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03
Date **Daytime Phone** 904-291-1995

CR2E034 (10/02)