2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000052452** May 09, 2000 8:00 am Secretary of State JORDAN'S CONCRETE PUMPING INC. 05-09-2000 90139 029 ***150.00 Principal Place of Business Mailing Address 1505 27TH ST. W. 1505 27TH ST. W. BRADENTON FL 34205 **BRADENTON FL 34205-3921** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FE! Number Applied For City & State 65-0926515 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORDAN, GERALDINE W Street Address (P.O. Box Number is Not Acceptable) 1505 27TH ST. W. BRADENTON FL 34205 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VICE PRESIDENT TITLE PRESIDEUT Delete GERALDINE JORDAN JEFFRAY D. JOBDAN NAME STREET ADDRESS 1505- 27TH ST. W. STREET ADDRESS 1505- 27 = ST. W. CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP BRADENTOD, FL. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - Change Addition TIT! F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

SERALDINE NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTE