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FILED
Feb 17, 2003 8:00 am
Secretary of State

01-13-2003 90065 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058315

1. Entity Name
SELECT CONCRETE, INC.

[redacted]

Principal Place of Business
~~18154 MORRISON STREET~~ 3745 Rogers Ind. dr.
~~GROVELAND FL 34736~~ Okahumpka, Fl. 34762

Mailing Address
~~18154 MORRISON STREET~~ P.O. Box 712
~~GROVELAND FL 34736~~ Okahumpka, Fl. 34762

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 3745 Rogers Industrial Pk	3. Mailing Address: P O Box 712
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okahumpka Fl	City & State: Okahumpka Florida
Zip: 34762 · Country: USA · County: Lake	Zip: 34762 · Country: Lake USA

4. FEI Number 59-3584338 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKAY, COLLEEN
~~18154 MORRISON STREET~~ 18154 morrison st
~~GROVELAND FL 34736~~ Groveland Fl 34762 34736

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Colleen MacKay, pres 1/9/03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME MACKAY, COLLEEN STREET ADDRESS ~~18154 MORRISON STREET~~ 18154 morrison CITY-ST-ZIP ~~GROVELAND FL 34736~~ Groveland Fl. 34736 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: X Colleen MacKay pres 1/9/03 352-360-0975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #