

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071610

1. Entity Name *Greg's Concrete, Inc.*

3927 Wiseman Rd. P.O. Box 1001 G.C.S., FL 32043

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

01 SEP 27 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3927 Wiseman Rd.

3. Mailing Address

P.O. Box 1001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*For State
G.C.S., FL.*

City & State

G.C.S. FL.

Zip

32043

Country

USA

Zip

32043

Country

USA

4. FEI Number

59-359-2548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Greg Loggins
3927 Wiseman Rd.
G.C.S., FL 32043*

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.

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, 2001 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

TITLE *P* ☐ Delete
NAME *Greg Loggins*
STREET ADDRESS *3927 Wiseman Rd.*
CITY-ST-ZIP *G.C.S., FL 32043*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200004625722-4
-10/08/01--01009--012
*******550.00 *****550.00**

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/01

CR2E034 (11/00)