

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079168

1. Entity Name

INNOVATIVE CONCRETE PRODUCTS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90055 011 ***150.00

Principal Place of Business

760 U.S. HWY 1
SUITE 306
NORTH PALM BEACH FL 33408

Mailing Address

760 U.S. HWY 1
SUITE 306
NORTH PALM BEACH FL 33408-4424

2. Principal Place of Business

5606 PGA Blvd
Suite, Apt. #, etc.
211

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Palm Bch Gardens, FL

City & State

City & State

4. FEI Number

65-0976632

Applied For

Not Applicable

Zip
33418

Country
USA

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

COVERT, STEPHEN
760 U.S. HWY 1
SUITE 306
NORTH PALM BEACH FL 33408

Name

Stephen Covert

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

5606 PGA Blvd, Ste 211

City

Palm Bch Gardens

FL

Zip Code

33418

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

Stephen Covert
Signature, typed or printed name of registered agent and title if applicable

stephen Covert
(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Scott Manley~~ P.S.T.D.
Scott Manley
5606 PGA Blvd, Ste 211
Palm Bch Gardens, FL 33418

☐ Delete

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

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☐ Change ☐ 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:

Scott Manley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/00

Daytime Phone #

561-625-6857

CR2E034 (9/99)