

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90188 050 \*\*\*150.00

**DOCUMENT # P99000081495**

1. Entity Name

**E & L CONCRETE FINISHERS, INC.**

Principal Place of Business

**P.O. BOX 8151  
 COCOA FL 32924**

Mailing Address

**P.O. BOX 8151  
 COCOA FL 32924**

**00053151**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**P. O. Box 6572  
 Suite, Apt. #, etc.**

3. Mailing Address

**P. O. Box 6572  
 Suite, Apt. #, etc.**

City & State

**Cocoa, Fl.**

City & State

**Cocoa, Fl.**

4. FEI Number

**59-3601035**

Applied For

Not Applicable

Zip

Country

**32923**

Zip

Country

**32923**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, LEON  
 3355 AMBERLY ST.  
 COCOA FL 32926**

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	PVST	<input type="checkbox"/> Delete
NAME	THOMAS, LEON	
STREET ADDRESS	3355 AMBERLY ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, LEON	
STREET ADDRESS	3355 AMBERLY ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, DONNEL	
STREET ADDRESS	POINSETTE TRAILER PARK, LOT 295	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, STACIE	
STREET ADDRESS	650 E. DIXON BLVD., B2	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x Leon Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 4-30-01**

Date

**(321) 636-6877**

Daytime Phone #

CR2E034 (10/00)