

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90042 047 ***150.00

DOCUMENT # P990000094054

1. Entity Name
 CONCRETE BUSINESS CONSULTANTS, INC.

Principal Place of Business Mailing Address
 15788 SYMPHONY COURT 15788 SYMPHONY COURT
 FORT MEYERS FL 33908 FORT MEYERS FL 33908

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 65-0957336 Not Applicable

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

CAPITAL CONNECTION, INC
 417 E. VIRGINIA ST.
 STE 1
 TALLAHASSEE FL 32301-1283

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MELFI, NICHOLAS W	
STREET ADDRESS	15788 SYMPHONY COURT	
CITY-ST-ZIP	FORT MEYERS, FL, 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELFI, SUSAN	
STREET ADDRESS	15788 SYMPHONY COURT	
CITY-ST-ZIP	FORT MEYERS, FL, 33908	
TITLE		<input type="checkbox"/> Delete
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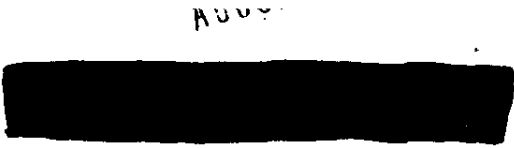
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/20/01
 Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE