

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90466 029 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P990000940  
**1. Entity Name**  
 CONCRETE BUSINESS CONSULTANTS, INC.

30503

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 15788 SYMPHONY COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15788 SYMPHONY COURT Suite, Apt. #, etc.	
<b>City &amp; State</b> FORT MEYERS, FL		<b>City &amp; State</b> FORT MEYERS, FL	
<b>Zip</b> 33908	<b>Country</b>	<b>Zip</b> 33908	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0957336	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
CAPITAL-CONNECTION, INC.  
**Street Address (P.O. Box Number is Not Acceptable)**  
417 E. VIRGINIA ST.  
**STE 1**  
**City**  
TALLAHASSEE **FL** **Zip Code**  
32301-1283

**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]* **DATE** 5/6/02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
<b>TITLE</b> D	<b>NAME</b> MELFI, NICHOLAS W	<b>TITLE</b>	
<b>STREET ADDRESS</b> 15788 SYMPHONY COURT	<b>CITY - ST - ZIP</b> FORT MEYERS, FL 33908	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> D	<b>NAME</b> MELFI, SUSANNE	<b>TITLE</b>	
<b>STREET ADDRESS</b> 15788 SYMPHONY COURT	<b>CITY - ST - ZIP</b> FORT MEYERS, FL 33908	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

**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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.**

**SIGNATURE:** *[Signature]* **DATE** 3/14/02 **Daytime Phone #** 941-415-0246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR