2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **P99000096555** 1. Entity Name INDUSTRIAL CONCRETE PUMPING, INC. 01-28-2000 90195 002 ***158.75 Principal Place of Business Mailing Address 3222 EVERGREEN AVE 3222 EVERGREEN AVE JACKSONVILLE FL 32026 JACKSONVILLE FL 32206-2323 2. Principal Place of Business 3. Mailing Address DR. 1122 AKERS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 2305 Jackson uille FI. Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired DUVA. Fee Required -7.-Name and Address of New Registered Agent --Name ALTEMOSE, WALLACE I Street Address (P.O. Box Number is Not Acceptable) 1122 AKRES DRIVE JACKSONVILLE FL 32225 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition Delete TITLE CHARLES LEE Moore CHARLES lee Moore NAME NAME 9671 BAYVEEN STREET ADDRESS STREET ADDRESS 9671 BAYVIEW JACKSONUILL, FT. 32208 CITY-ST-ZIP TACKSONUILLE, CITY-ST-ZIP 32208 KT DC MS TITLE TITLE ソナ D C M S ☐ Change Addition WALLACE IRVIN ALTEMOSE T. Drive A Itemose WALLALE 1122 AKERS 1122 AKERS STREET ADDRESS STREET ADDRESS TACKSONUI !! 32225.8302 CITY-ST-ZIP CITY-ST-ZIP SACKSON UITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS 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: Wellace alternate / WAIIACE Alternose

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Daytime Phone #