

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096555

1. Entity Name

INDUSTRIAL CONCRETE PUMPING, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90195 002 \*\*\*158.75

Principal Place of Business

3222 EVERGREEN AVE  
JACKSONVILLE FL 32026

Mailing Address

~~3222 EVERGREEN AVE~~  
JACKSONVILLE FL 32206-2323

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1122 AKERS DR.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

32225.8302

Country

FLORIDA

4. FEI Number

58-3608305

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTEMOSE, WALLACE I  
1122 AKERS DRIVE  
JACKSONVILLE FL 32225

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, 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

TITLE NAME ☐ Delete

CHARLES LEE MOORE  
9671 BAYVIEW  
JACKSONVILLE, FL. 32208

TITLE NAME ☐ Delete

WALLACE IRVIN ALTEMOSE  
1122 AKERS DR.  
JACKSONVILLE, FL. 32225.8302

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

CHARLES LEE MOORE  
9671 BAYVIEW  
JACKSONVILLE, FL. 32208

TITLE NAME ☐ Change ☒ Addition

WALLACE I. ALTEMOSE  
1122 AKERS DRIVE  
JACKSONVILLE, FL. 32225.8302

TITLE NAME ☐ Change ☐ Addition

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SIGNATURE: Wallace I. Altomose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 JAN 00

9049988100

CR2E034 (9/99)