

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 048 ***158.75

769103

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000096355																					
1. Entity Name Industrial Concrete Pumping Inc.																					
Principal Place of Business Green Cove Springs Fl.		Mailing Address 714 Ferris Street Green Cove Springs Fl. 32043																			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State Green Cove Springs Fl.		City & State Green Cove Springs Fl.																			
Zip 32043	Country USA	Zip 32043	Country USA																		
4. FEI Number 59-3608305		Applied For Not Applicable																			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																			
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: Peter Clements Street Address (P.O. Box Number is Not Acceptable): 714 Ferris Street City: Green Cove Springs FL Zip Code: 32043																					
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: Peter Clements (Peter Clements) #4-27-01 (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. <input type="checkbox"/> (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 <input type="checkbox"/>		\$5.00 May Be Added to Fees																			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
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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: Peter Clements Peter Clements 4-27-01 904-284-7107																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					
Date Daytime Phone #																					

CR2E034 (11/00)