2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # **P99000111438** H & H CONCRETE PUMPING, INC. 05-01-2001 90105 046 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1881 P.O. BOX 1881 BARTOW FL 33831-2188 BARTOW FL 33831-2188 2. Principal Place of Business 3. Mailing Address <u>1987 YS Hwv 17 S</u> Suite, Apt. #. oto Suite. Apt. #, ctc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3629191 <u>Bartow Florida</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33830 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIDEL, MATT Street Address (P.O. Box Number is Not Acceptable) 1987 U.S. HIGHWAY 17 SOUTH BARTOW FL 33830 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, typed or printed name of registered agent and title. I applicable, (NO1E: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Dalete 111 5 Change ٧D NAME HEIDEL, MATT NAME Hammock, Kerry STREET ADDRESS 1987 U.S. HIGHWAY 17 SOUTH STREET ADDRESS 1987 US Highway 17 S City-St-ZIP OFY-ST-ZIP BARTOW FL 33830 Bartow FL 33830 ☐ Delete HITLE TITLE Change Addition HEIDEL, MATT NAME STREET ADDRESS STREET ACORESS 1987 U.S. HIGHWAY 17 SOUTH CHY-ST-ZIP City-ST-ZIP BARTOW FL 33830 ☐ Delete T:T:E Change Addition NAME VAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZiP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODY-ST ZP TITLE ☐ Delete TITLE Change Addit on NAME. NAME STREET ADDRESS STREET ADDRESS. CHY-ST-ZiP 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 a other like empowered.

SIGNATURE: Kennedy M. Heidel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

863-519-9077

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