

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**  
07-20-2000 90017 016 \*\*\*150.00

A9068567

DO NOT WRITE IN THIS SPACE

DOCUMENT # 800031

1. Entity Name  
**Concrete Forms, Inc.**

Principal Place of Business  
**288 Clearlake Rd.**  
**Cocoa FL 32922**

Mailing Address  
**SAME**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
**59-3032096**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Charles Ingram**  
**1801 Hudson Drive**  
**Rockledge, FL 32955**

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 \_\_\_\_\_ (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P.</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Ingram Charles</b> <b>1801 Hudson Drive</b> <b>Rockledge FL 32955</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Charles Ingram** **Charles Ingram** **President** **7-11-00** **321-633-1365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

CONCRETE FORMS, INC.

Specializing In Structural Concrete  
288 Clearlake Rd • Cocoa, FL 32922 • (407) 633-1365 • Fax (407) 633-1441

Attachment  
500031  
AD068507

Dt: July 11, 2000  
To: Division of Corporations  
Fr: William "Mick" Barker, Business Manager, Concrete Forms, Inc.  
Re: URB form for 2000

We did not receive our annual copy of the Uniform business report. We had a gut feeling it was due sometime around now. Please check the address we have listed for our form to be sent and please accept these forms for both Concrete Forms, Inc and Coastal Forms of Florida, Inc. . Should you have any other questions please feel free to contact us at the number supplied.

Sincerely,



William "Mick" Barker  
Business Manager  
Concrete Forms, Inc.

Cc: Charles Ingram  
President,  
Concrete Forms, Inc.  
Coastal Forms of Florida, Inc.