

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90932 005 ***150.00

0425549

DOCUMENT # S33725

1. Entity Name

PREMIER CONCRETE & MASONRY, INC.

Principal Place of Business

825 PINWOOD TER. W.
 PALM HARBOR FL 34683
 US

Mailing Address

825 PINWOOD TER. W.
 PALM HARBOR FL 34683
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1610 Indiana Avenue

1610 Indiana Ave

City & State

City & State

Palm Harbor FL

Palm Harbor FL

Zip

Country

Zip

Country

34683

Pineellas

34683

Pineellas

4. FEI Number

59-3048201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ALLEN S

825 PINWOOD TER. W.
 PALM HARBOR FL 34683

Name

Allen S Lee

Street Address (P.O. Box Number is Not Acceptable)

1610 Indiana Ave

City

Palm Harbor

FL

Zip Code
 34683

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

Allen S Lee

3-13-01

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 LEE, ALLEN S
 825 PINWOOD TER. W.
 PALM HARBOR FL 34683 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 ALLEN S Lee
 1610 Indiana Ave
 Palm Harbor FL 34683 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Allen S Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)