

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90101 033 ***150.00

DOCUMENT # S33725

1. Entity Name

PREMIER CONCRETE & MASONRY, INC.



Principal Place of Business

1610 INDIANA AVE
PALM HARBOR FL 34683
US

Mailing Address

1610 INDIANA AVE
PALM HARBOR FL 34683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
8620 CESSNA DR

Suite, Apt. #, etc.
SAME

City & State
NEWPORT RICHEY, FL

City & State

4. FEI Number
59-3048201

Applied For
Not Applicable

Zip
34654

Country
US

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ALLEN S
1610 INDIANA AVE
PALM HARBOR FL 34683

8620 CESSNA DR
NEWPORT RICHEY, FL
34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Allen S. Lee

3-15-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEE, ALLEN S
1610 INDIANA AVE
PALM HARBOR FL 34683

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8620 CESSNA DR
NEWPORT RICHEY, FL 34654

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 (727) 560-2251

Date

Daytime Phone #

CR2E034 (10/02)