

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90933 010 ***150.00

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DOCUMENT # S48176

1. Entity Name

GAMBINO CONCRETE COMPANY, INC.



Principal Place of Business

P.O. BOX 290609
PORT ORANGE FL 32129
US

Mailing Address

P.O. BOX 290609
PORT ORANGE FL 32129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3075701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAMBINO, VICTORIA
2800 S. NOVA ROAD
SOUTH DAYTONA FL 32119

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. 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

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

TITLE PSD
NAME GAMBINO, VICTORIA R ☐ Delete
STREET ADDRESS 2800 S. NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE T
NAME GAMBINO, MICHAEL ☐ Delete
STREET ADDRESS 2800 S. NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE EVP
NAME GAMBINO, CHARLES ☐ Delete
STREET ADDRESS 2800 SOUTH NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE VP
NAME GAMBINO, AARON ☐ Delete
STREET ADDRESS 2800 S NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

VICTORIA R GAMBINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA GAMBINO

4-10-03

Date

Daytime Phone #

386-

788-3064

CR2E034 (10/02)