

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 032 ***150.00

DOCUMENT # S49810 1. Entity Name FLETCHER CONCRETE, INC.					
Principal Place of Business 120 FOREST LANE ORANGE CITY, FL 32763 US			Mailing Address 120 FOREST LANE ORANGE CITY, FL 32763 US		
2. Principal Place of Business 1291 W BLUE SPRINGS AVE Suite, Apt. #, etc.			3. Mailing Address 1291 W BLUE SPRINGS AVE Suite, Apt. #, etc.		
City & State ORANGE CITY, FL		City & State ORANGE CITY, FL		4. FEI Number 59-3060972	
Zip 32763		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, GLENN R 1291 W BLUE SPRINGS AVE ORANGE CITY, FL 32763				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)					
FILING NOTICE: FEE IS \$100.00 After May 1, 2003, fee will be \$350.00 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 FLETCHER, GLENN R 1291 W BLUE SPRINGS AVE ORANGE CITY, FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEMIS, DUANE D 2780 HYACINTH RD DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 507, 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:			4-28-03 386-717-7543		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CFR0034 (10/02)