## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or truschanged, or on an attachment with

SIGNATURE:

## May 23, 2002 8:00 am Secretary of State S61798 **DOCUMENT #** 1. Entity Name BEDROCK CONSTRUCTION COMPANY 05-23-2002 90112 009 \*\*\*150.00 Principal Place of Business Mailing Address 2420 NE 196 ST 15915NW 49TH AVE MIAMI FL 33180 **MIAMI FL 33014** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0273584 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAY, RICHARD Street Address (P.O. Box Number is Not Acceptable) **2420 NE 196TH STREET MIAMI FL 33180** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete TITLE THOMSON, JOHN M. NAME NAME 370 MINORCA NE #1 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP □ Addition **PST** Delete TITLE Change TITLE NAME GAY, RICHARD ALLEN NAME 2420 NE 196TH STREET STREET ADDRESS STREET ADORESS **MIAMI FL 33180** CITY-ST-ZIP CITY-ST-ZIP JITLE, ☐ Change ☐ Addition □ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and may not 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

**FILED**