

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15040

1. Entity Name

PROFESSIONAL CONCRETE PUMPING OF SOUTH FLORIDA,

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90930 032 ***158.75

Principal Place of Business

4232 18TH PLACE SW
NAPLES FL 33999
US

Mailing Address

4232 18TH PLACE SW
NAPLES FL 34116-5916
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0325963

Applied For

Not Applicable

Zip

Country

34116-5916

Collier

Zip

Country

34116-5916

Collier

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

BOWERSOX, PAUL E.
4232 18TH PL SW
NAPLES FL 33999

Name

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

City

FL

34116-5916

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/00

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, 2000 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	PTMD	<input type="checkbox"/> Delete
NAME	BOWERSOX, PAUL	
STREET ADDRESS	4232 18TH PLACE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOWERSOX, JULIE A	
STREET ADDRESS	4232 18TH PLACE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/00 941 455-9458

CR2E034 (9/99)