

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15130

1. Entity Name

PORTER MASONRY & CONCRETE PUMPING, INC.

Principal Place of Business

530 LAFAYETTE BLVD
OLDSMAR FL 34677
US

Mailing Address

530 LAFAYETTE ROAD
OLDSMAR FL 34677-3723
US

2. Principal Place of Business

12342 Brown Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1676
Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

OLDSMAR, FL

Zip

33556

Country

Hillsborough

Zip

34677

Country

Pine HILLS

4. FEI Number

59-3110332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTER, TIMOTHY R.
530 LAFAYETTE BLVD
OLDSMAR FL 34677

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, TIMOTHY R. 530 LAFAYETTE BLVD OLDSMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Timothy R. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2000

Date

813-855-1082

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90135 017 ***150.00

B0010834



DO NOT WRITE IN THIS SPACE