2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

Feb 21, 2002 8:00 am Secretary of State **DOCUMENT #** V19413 1. Entity Name 02-21-2002 90083 021 ***150.00 BUILDERS CONCRETE PRODUCTS, INC. Principal Place of Business Mailing Address 11094 ELGIN BLVD. 11094 ELGIN BLVD. SPRING HILL FL 34608 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3113656 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- - -7. Name and Address of New Registered Agent ROMANCKY, ALBERT J. JR. Street Address (P.O. Box Number is Not Acceptable) 11094 ELGIN BLVD SPRING HILL FL 34608 City Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. 12. TITLE Addition TITLE ☐ Delete NAME NAN F ROMANCKY, ALBERT J. JR STREET ADDRESS STREET ADDRESS 11094 ELGIN BLVD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

92/09/02 352-688

FILED

Daytime Phone #

52-688-6308