

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90425 025 ***150.00

0675413 FP

DOCUMENT # V28755

1. Entity Name
BOB EVANS CONCRETE CONSTRUCTION, INC.



Principal Place of Business
**3099 LEON RD
#8
JACKSONVILLE FL 32247
US**

Mailing Address
**13170 58 ATLANTIC BOULEVARD
SUITE 328
JACKSONVILLE FL 32225
US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 600130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

JACKSONVILLE

4. FEI Number **59-3119011**

Applied For
Not Applicable

Zip

Country

Zip

Country

32260

JUVAL

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

**RIDGE, GEORGE E.
225 WATER STREET, SUITE 900
JACKSONVILLE FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **EVANS, ROBERT E.**
STREET ADDRESS **1469 HARRINGTON PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D/P** ☒ Change ☐ Addition
NAME **EVANS, ROBERT E.**
STREET ADDRESS **5250 STATE ROAD 13 NORTH**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE **BS** ☐ Delete
NAME **EVANS, SUSAN S.**
STREET ADDRESS **1469 HARRINGTON PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **B/S** ☒ Change ☐ Addition
NAME **EVANS, SUSAN S.**
STREET ADDRESS **5250 STATE ROAD 13 NORTH**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

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CITY-ST-ZIP

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 607, 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/29/03** Daytime Phone #

CR2E034 (10/02)