

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56110

1. Entity Name

PRO-CRETE SYSTEMS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90189 001 ***300.00

Principal Place of Business

6251 44TH ST N
1921
PINELLAS PARK FL 34665
US

Mailing Address

6251 44TH ST N
1921
PINELLAS PARK FL 33781-5900
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3164363

Applied For

Not Applicable

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

SCHIERHOLZ, JOHN C.
6251 44TH ST N
1921
PINELLAS PARK FL 34665

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SCHIERHOLZ, JOAN C.
STREET ADDRESS 6251 44TH STREET NORTH, #1921
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME RICHMOND, ROBERT M
STREET ADDRESS 6251 44TH STREET NORTH, #1921
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Curtis Culver
STREET ADDRESS 6251 44TH ST N #1921
CITY-ST-ZIP Pinellas Park, FL 33781 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Dean Morton
STREET ADDRESS 6251 44TH ST N #1921
CITY-ST-ZIP Pinellas Park, FL 33781 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Greg Doyle
STREET ADDRESS 6251 44TH ST N #1921
CITY-ST-ZIP Pinellas Park, FL 33781 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

1/4/00

727-526-8090

CR2E034 (9/99)