

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90014 023 ***150.00

DOCUMENT # P01000090897

1. Entity Name
EAGLE CONCRETE SYSTEMS, INC.

Principal Place of Business
**2121 WEST FIRST STREET
 FT MYERS FL 33901**

Mailing Address
**2121 WEST FIRST STREET
 FT MYERS FL 33901**



2. Principal Place of Business
3430 WILLARD ST.

3. Mailing Address
PO BOX 60762

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-1139624

Applied For
 Not Applicable

Zip
33916

Country
USA

Zip
33906

Country
USA

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

**KINSEY, D. HUGH JR
 2121 WEST FIRST STREET
 FT MYERS FL 33901**

Name
MICHAEL J. LEANNAH
 Street Address (P.O. Box Number is Not Acceptable)
14619 EAGLE'S LOOKOUT CT
 City **FORT MYERS, FL** Zip Code **33912**

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 *Michael J. Leannah*

MICHAEL J. LEANNAH, PRES. 4-16-2002

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, 2002 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
 NAME **DPS LEANNAH, MICHAEL J** Delete
 STREET ADDRESS **106 WESTGATE ROAD**
 CITY-ST-ZIP **WALTHAM MA 02453**

TITLE
 NAME **DPS LEANNAH, MICHAEL J.** Change Addition
 STREET ADDRESS **14619 EAGLE'S LOOKOUT CT**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE
 NAME **DVT LEANNAH, CARMEL M** Delete
 STREET ADDRESS **106 WESTGATE ROAD**
 CITY-ST-ZIP **WALTHAM MA 02453**

TITLE
 NAME **DVT LEANNAH, CARMEL M.** Change Addition
 STREET ADDRESS **14619 EAGLE'S LOOKOUT CT**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE
 NAME ~~_____~~ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE
 NAME **SANDERS, WILLIAM B** Change Addition
 STREET ADDRESS **1382 WATSKY CREEK DR**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE
 NAME **MANDALA, ANTHONY** Change Addition
 STREET ADDRESS **4306 SW 4TH ST**
 CITY-ST-ZIP **LEMIGH ACRES, FL 33971**

TITLE
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE
 NAME _____ Change Addition
 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: *Carmel M. Leannah* **CARMEL M LEANNAH TREAS. 239-337-1972**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-16-2002** Daytime Phone # _____

CRE034 (9/01)