

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90063 007 \*\*\*150.00

**DOCUMENT # V72591**

1. Entity Name

**PALM BEACH AGGREGATES, INC.**

Principal Place of Business

20125 SE 80  
 LOXAHATCHEE FL 33470  
 US

Mailing Address

PO BOX 700  
 LOXAHATCHEE FL 33470-0700  
 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

**65-0366954**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES INC**  
**11780 U.S. HIGHWAY ONE**  
**THREE GOLDEN BEAR PLAZA S-300**  
**NORTH PALM BEACH FL 33408**

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.

**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          | PD                              | <input type="checkbox"/> Delete |
| NAME           | KLEIN, SAM W.                   |                                 |
| STREET ADDRESS | 5200 TOWN CENTER CIR., STE. 302 |                                 |
| CITY-ST-ZIP    | BOCA RATON FL                   |                                 |
| TITLE          | V                               | <input type="checkbox"/> Delete |
| NAME           | TURNER, BEN R.                  |                                 |
| STREET ADDRESS | 8940 GALL BLVD                  |                                 |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541            |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | PHILLIPS, SR. W                 |                                 |
| STREET ADDRESS | 6621 WILBANKS RD                |                                 |
| CITY-ST-ZIP    | KNOXVILLE FL 37912              |                                 |
| TITLE          | ST                              | <input type="checkbox"/> Delete |
| NAME           | MCMULLEN, J. PATRICK            |                                 |
| STREET ADDRESS | 6621 WILBANKS RD                |                                 |
| CITY-ST-ZIP    | KNOXVILLE TN 37912              |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | TOMEU, ENRIQUE A.               |                                 |
| STREET ADDRESS | 1000 SOUTHERN BLVD STE 302      |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33402        |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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 19.07(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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED ENRIQUE TOMEU**

**4/26/00 (561) 985-6550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD000004 (0/000)