2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90121 048 ***150.00

DOCUMENT # V72591

1. Entity Name
PALM BEACH AGGREGATES, INC.

Principal Place of Business	Mailing Address
20125 SE 80 LOXAHATCHEE FL 33470 US	PO BOX 700 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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 / STREET ADDRESS / CITY-ST-ZIP	PD KLEIN, SAM W 5200 TOWN CENTER CIR., STE. 302 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Phillips, Teddy 4360 Lyons Pointe Lane Knoxville, TN 37919 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TURNER, BEN R 8940 GALL BLVD ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, SAM W 5200 Town Center Cir.Ste.302 Boca Raton, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, W SR 6621 WILBANKS RD KNOXVILLE FL 37912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, BEN R 8940 Gall Blvd Zephyrhills FL 33541 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCMULLEN, J. PATRICK 6621 WILBANKS RD KNOXVILLE TN 37912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TOMEU, ENRIQUE A 1000 SOUTHERN BLVD STE 302 WEST PALM BEACH FL 33402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOMEU, ENRIQUE A 1000 Southern Blvd Ste 302 West Palm Beach, FL 33402 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, MICHAEL S 71 RIDGECREST ROAD KENTFIELD CA 94904	☐ 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: _____ 4/07/02 (561) 795-6550