

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279709

1. Entity Name
SCHWAB READY-MIX, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90023 049 ***150.00

Principal Place of Business
2110 PONDELLA RD
PO BOX 4727
NO FT MYERS FL 33918-4727
US

Mailing Address
2110 PONDELLA RD
PO BOX 4727
NO FT MYERS FL 33918-4727
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 400
Suite, Apt. #, etc.

City & State
City & State
Dover, OH

Zip
Country
44622
USA

4. FEI Number 59-1039196
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

LANTRIP, DAVID
4181 SILVER SWORD CT.
N. FORT MYERS FL 33903

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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
D
SCHWAB, JERRY A.
2110 PONDELLA RD
N. FORT MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHWAB, DAVID A.
2110 PONDELLA RD
N. FORT MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHWAB, DONNA
2110-PONDELLA-RD
N. FORT MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HITES, MARY LYNN
1147 HILLTOP RD.
NEW PHILADELPHIA OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Schwab, Mary Lynn
P O Box 400
Dover, OH 44622 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 # _____

0535778

CR2E034 (10/00)