

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90091 029 ***150.00

0089900 AV

DOCUMENT # 290995

1. Entity Name
AID TO TRAFFIC AND EVERLASTING CONCRETE PRODUCTS, INC.

Principal Place of Business
**2350 S CONGRESS AVENUE
 DELRAY BEACH FL 33445**

Mailing Address
**2350 S CONGRESS AVENUE
 DELRAY BEACH FL 33445**

2. Principal Place of Business
2101 S. CONGRESS AVE

3. Mailing Address
2101 S CONGRESS AVE

Suite, Apt. #, etc.

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33445

Country

4. FEI Number
59-1104540

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELMORE, GEORGE T
 2350 S CONGRESS AVENUE
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
GEORGE T. ELMORE

Street Address (P.O. Box Number is Not Acceptable)

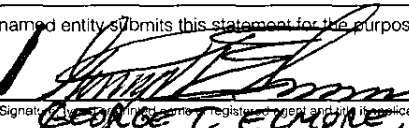
2101 S. CONGRESS AVE

City
DELRAY BEACH

FL

Zip Code
33445

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  **GEORGE T. ELMORE, PRES.**

DATE
1-5-02

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 ELMORE, GEORGE T 2350 S CONGRESS AVE. DELRAY BCH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE T. ELMORE 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORDON, DOUGLAS G 2350 S CONGRESS AVENUE DELRAY BEACH, FL 00000 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DOUGLAS G. GORDON 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELMORE, CRAIG K 2350 S CONGRESS AVE DELRAY BCH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAIG K. ELMORE 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 authority to be empowered.

SIGNATURE:  **GEORGE T. ELMORE, PRES.**

Date
1-5-02

Daytime Phone #
561-278-0456 x200

CR2E034 (9/01)