

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674176

1. Entity Name
GATE ASPHALT CO.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90103 003 ***150.00

Principal Place of Business

9540 SAN JOSE BLVD
JACKSONVILLE FL 32241
US

Mailing Address

PO BOX 23627
JACKSONVILLE FL 32241-3627
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 59-2005597

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

PEYTON, H.H.
9540 SAN JOSE BLVD
JACKSONVILLE FL 32217

Name MCCORMACK, JAMES E

Street Address (P.O. Box Number is Not Acceptable)
9540 SAN JOSE BLVD

City JACKSONVILLE

FL

Zip Code 32257

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

J.E. MCCORMACK, SECRETARY

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, 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 PD
NAME SMITH, P. JEREMY JR.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

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

TITLE DVTS
NAME LUEDERS, JACK C. JR.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE D/V/T/AS
NAME LUEDERS, JACK C. JR.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE DS
NAME MCCORMACK, JAMES E
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE D
NAME FOSTER, DAVID M.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ 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

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

J.E. MCCORMACK, SECRETARY

4-13-01

Date

904 4482910

Daytime Phone #

CR2E034 (10/00)