

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 032 ***550.00

DOCUMENT # 674200

1. Entity Name

GATE CONCRETE PRODUCTS CO.

Principal Place of Business

**402 HECKSCHER DRIVE
 JACKSONVILLE FL 32226-2604**

Mailing Address

**402 HECKSCHER DRIVE
 JACKSONVILLE FL 32226-2004**

A0072363



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 **59-2005601**

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

**LUKE, JOSEPH C
 9540 SAN JOSE BLVD-STATE RD 13
 JACKSONVILLE FL 32217**

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!
 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	D	<input type="checkbox"/> Delete
NAME	FOSTER, DAVID M	
STREET ADDRESS	9540 STATE ROAD 13	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUKE, JOSEPH C.	
STREET ADDRESS	9540 STATE ROAD 13	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCORMACK, JAMES E	
STREET ADDRESS	9540 STATE ROAD 13	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEGHORN, BENNY	
STREET ADDRESS	402 HECKSCHER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUEDERS, JACK C	
STREET ADDRESS	9540 STATE RD 13	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIMP, EARL N III	
STREET ADDRESS	402 HECKSCHER DR	
CITY-ST-ZIP	JACKSONVILLE FL	

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		
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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 in this report is true and accurate and that it is the information of the corporation or the receiver of trustee empowered to execute this report; changed, or on an attachment with an address, with all other like empowered.

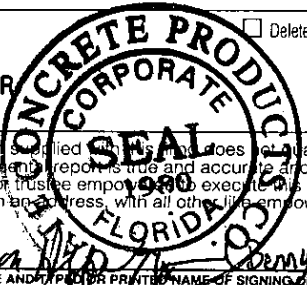
SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

Date

Daytime Phone #

5-25-01 - 904-757-0860



CR2E034 (10/00)