2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

			T CORPORA	FILED Mar 20, 2003 8:00 am § Secretary of State				0531004 1	
DOCU	MENT	# 69280	2						Ξ
1. Entity Name PACE SAND AND GRAVEL COMPANY, INC.					03-20-2003 90111 026 ***150.00				
Principal Place P.O. BOX 395 CENTURY FL		S	Mailing Address P.O. BOX 395 CENTURY FL 32535	<u> </u>					
2. Principal Pl	lace of Busir	ness	3. Mailing Address			BONN HUN DIDIL DIDIL DI	JIT BLULI DI	BII 81831 (88)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-210109	Ю		plied For Applicable	}	
Zip		Country	Zip	Country	5. Certificate of Status Desired		75 Addi Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	t		
DE VORE,	-				Name Street Address (P.O. Box Number is Not Acceptable)				
	LINO ROAL	,							1
MOLINO I	rl 325//			City		FL ^z	Zip Code		
8. The above the obligati	named entit ions of regis	y submits this statement for tered agent.	or the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of	Florida. I am famili	ar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE			
After	May 1, 20	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	f State	<u> </u>	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Feet				
10.	1-1-1-11	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIR	ECTORS		_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	, MICHAEL D UGLAS AVE N AL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINES,	MARILYN J IRGIA LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V, <i>BETTY L</i> RGIA LANE N AL	☐ 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

Change

☐ Addition