

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830952

1. Entity Name

PRE-MIX INDUSTRIES, INC.

Principal Place of Business

932 PROFESSIONAL PLACE
CHESAPEAKE VA 23320

Mailing Address

932 PROFESSIONAL PLACE
CHESAPEAKE VA 23320-3625

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

54-0797240

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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!!! FEE IS \$150.00
After MAY 1, 2000 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 CD ☐ Delete
NAME JETT, C.K.
STREET ADDRESS 1509 WATSEEDGE DRIVE
CITY-ST-ZIP VA. BEACH VA

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

TITLE PD ☐ Delete
NAME JETT, CHARLES K JR
STREET ADDRESS 513 PRINCESS ANNE RD
CITY-ST-ZIP VA BCH VA

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

TITLE SD ☐ Delete
NAME ALLEN, STEPHANIE J
STREET ADDRESS 2260 WIDGEON LN
CITY-ST-ZIP VA BCH VA

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

TITLE T ☐ Delete
NAME KING, RACHAEL J
STREET ADDRESS PO BOX 133
CITY-ST-ZIP BATTERY PARK VA

TITLE ☒ Change ☐ Addition
NAME MICHAEL J KING
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JETT, ANN
STREET ADDRESS 1509 WATSEEDGE DR
CITY-ST-ZIP VA BEACH VA

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

TITLE ASD ☐ Delete
NAME JETT, ANDREW D
STREET ADDRESS 2768 GREENDALE AVE
CITY-ST-ZIP NORFOLK VA

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

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 #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90120 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)