## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 08, 2000 8:00 am **DOCUMENT # 854851 Secretary of State** 1. Entity Name FLORIDA ROCK CONCRETE, INC. 02-08-2000 90142 037 \*\*\*150.00 St & SARE 3.38-4 Principal Place of Business Mailing Address C/O DENNIS D FRICK 155 EAST 21ST STREET P.O. BOX 4667 PO BOX 4667 913864 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201-4667 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 41-0981180 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRICK, DENNIS D Street Address (P.O. Box Number is Not Acceptable) -155 E 21ST ST JACKSONVILLE FL 32206 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 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Trust Fund Contribution: Trust Fund Contribution: Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 9,11*89*1 <u>139</u>1 Delete ☐ Addition TITLE TITLE FRICK, DENNIS D. NAME STREET ADDRESS STREET ADDRESS 155 E 21ST STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITLE Baker, Edward J. BAKER, EDWARD L NAME NAME 155 East 21st Street STREET ADDRESS STREET ADDRESS 155 EAST 21ST STREET City-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Tacksonville, TT. 32206 X Change PD Delete TITLE ☐ Addition TITLE NAME John, D B NAME Baker, John D. STREET ADDRESS 155 EAST 21ST STREET STREET ADDRESS 155 East 21st Street CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP Tack sonville - FT \_\_ 3.2206\_ VPD ☐ Delete ☐ Addition $\mathbf{q}/\mathbf{p}$ HAYS, S. ROBERT NAME Haws, S. Robert 155 East 21st Street STREET ADDRESS STREET ADDRESS 155 EAST 21ST STREET JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP тасksonville, гт. 32206 X hange ☐ Addition V/T/ASTITLE ☐ Delete TITLE James Jeffrey Gilstrap NAME NAME Gilstran, Tames T. 155 East 21st Street STREET ADDRESS 155 EAST 21ST STREET STREET ADDRESS Jacksonville, Dr. 32206 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Xddition ☐ Change ☐ Delete TITLE TITLE NAME NAME Patzke, Wallace A. STREET ADDRESS STREET ADDRESS 155 East 21st Street CITY-ST-ZIP CITY-ST-ZIP 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. Davis D. TeickSecretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🚄

904-355-1781