

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000187

1. Entity Name

S & G CONCRETE COMPANY

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90193 025 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 4667
JACKSONVILLE FL 32201

C/O DENNIS D FRICK
PO BOX 4667
JACKSONVILLE FL 32201-4667
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1246947**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRICK, DENNIS D
155 E 21ST ST
JACKSONVILLE FL 32206

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 **D** ☐ Delete
NAME **BAKER, EDWARD L**
STREET ADDRESS **155 E. 21ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete
NAME **BAKER II, JOHN D**
STREET ADDRESS **155 EAST 21ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **PD** ☐ Delete
NAME **HAYS, S R**
STREET ADDRESS **P.O. BOX 4667 N/A**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **HAYS, S. Robert**
STREET ADDRESS **P.O. Box 4667**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **P** ☐ Delete
NAME **CHAPMAN, STEPHEN W**
STREET ADDRESS **211 PHILADELPHIA RD.**
CITY-ST-ZIP **EDGEWOOD MD**

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

TITLE **S** ☐ Delete
NAME **CURRY JR, EUGENE D**
STREET ADDRESS **P.O. BOX 666 N/A**
CITY-ST-ZIP **SPRINGFIELD VA**

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

TITLE **AS** ☐ Delete
NAME **PATZKE, WALLACE A. JR.**
STREET ADDRESS **155 EAST 21ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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: Wallace A. Patzke Assistant Secretary 1/19/00 904-355-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)