

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90180 034 ***150.00

0619903 AT

DOCUMENT # F95000000540

1. Entity Name

GLACIAL SAND & GRAVEL CO.

Principal Place of Business

**PO BOX 1022
 KITTANNING PA 16201**

Mailing Address

**PO BOX 1022
 KITTANNING PA 16201**

2. Principal Place of Business

ONE GLADE PARK EAST

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

25-0999342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PASSMORE, JEFFREY
 1016 W. CHURCH ST.
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SNYDER, CHARLES H SR.**
 STREET ADDRESS **409 BUTLER ROAD**
 CITY-ST-ZIP **KITTANNING PA 16201**

TITLE **DV** ☐ Delete
 NAME **SNYDER, CHARLES H JR.**
 STREET ADDRESS **409 BUTLER ROAD**
 CITY-ST-ZIP **KITTANNING PA 16201**

TITLE **PD** ☐ Delete
 NAME **SNYDER, MARK A**
 STREET ADDRESS **409 BUTLER ROAD**
 CITY-ST-ZIP **KITTANNING PA 16201**

TITLE **SD** ☐ Delete
 NAME **SNYDER, DENNIS C**
 STREET ADDRESS **409 BUTLER ROAD**
 CITY-ST-ZIP **KITTANNING PA 16201**

TITLE **TD** ☐ Delete
 NAME **SNYDER, DAVID E**
 STREET ADDRESS **409 BUTLER ROAD**
 CITY-ST-ZIP **KITTANNING PA 16201**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DV SNYDER, RICHARD**
 STREET ADDRESS **ONE GLADE PARK EAST**
 CITY-ST-ZIP **KITTANNING PA 16201**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

724-548-8101

Daytime Phone #

CR2E034 (9/01)