## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## F97000006334 **DOCUMENT #**

1. Entity Name

ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, I NC.



Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90091 030 \*\*\*150.00

**FILED** 

Principal Place of Business PO BOX 7717

Mailing Address PO BOX 7717

WICHITA K\$ 67277-7717

WICHITA KS 67277-7717

2. Principal F	ACDILL AVE	<b>)</b>				OLI ODLEH BOLEH DOER		. <b>88</b>	E					
Suite 218				Suite, Apt. #, etc.				.  CHECK HERE IF MAKING CHANGES						
City & Stat	PA.	FL	Siv	Stormville		NY	NY		4. FEI Number 41-1761449			_	plied For t Applicable	
Zip 334		Country USA	IS Zip	582	Coun	try LSA		5. Certi	ficate of Status [	Desired [		5 Add Required		
Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent						
A T AADDARATION OVATER							Name							
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)								
- 1200 SOUTH PINE ISLAND ROAD						Gadot Addicas (1.0. Dox Number is Not Acceptable)								
PLANTATION FL 33324														
							City FL Zip Code							
8. The above	named entity	submits this statement t	or the purp	ose of changing its r	registere	ed office o	r registere	ed agent, o	or both, in the St	ate of Florida.	I am familia	r with. a	and accept	
the obligat	tions of registe	ered agent.	, ,.	3 0 4	•			g - · · · , ·		are er, ionaa,			ind dooopi	
SIGNATURE .														
SIGNATURE .	Signature, typed o	or printed name of registered ager	t and title if app	plicable. (NOTE:	Registered	d Agent signa	ture required v	when reinstati	ng)		DATE			
F	II E NOWIII	FEE IS \$150.00			<del></del>							t-		
		3 Fee will be \$550.00	. ]						9. Election Cam		9		<b>J</b> _May Be	
		Florida Department		روسيت سمايات	معن ب ک	-: <u>-67</u> ≥		2	Trust Fund Co	intribution.	~~ <u>[</u> ]	Added	to Fees	
10.		OFFICERS AND	DIRECTO	RS .	11.	<del></del>		ADDITU	ONS/CHANGES	TO OFFICERS	S AND DIRE	CTORS	INI 11	
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STREET ADDRESS	2872 N RIC	DGE ROAD				- et address	159	50 5	LORAL	og Rd.			ĺ	
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NAME	BOYLAND,	STEVE		E COIDE	NAME		ם ו לו	MUDIF	t Burm	ER	_	•	Pa riddition	
STREET ADDRESS	CORPORAT	TE ONE, ST 110			STREE	ET ADDRESS	472	n 5.1	MACDILL	AUE,	Suite	218		
CITY-ST-ZIP	LITTLE RO	CK AR 72205			CITY-	ST-ZIP	TAM	PA	FL 33	1011				
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NAME	ritchie, e		<b>J</b>		NAME		DAR	REN	DOHER	(TY				
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NAME	JETT JR, C				NAME		BRIA	in Pe	ETTY	0.1				
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CITY-ST-ZIP		KE VA 23320			CITY-	ST-ZIP	ELB	urn	<u>,     (</u>	00119				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Attachment Drc. # F9700000334 3301421

DOCUMENT #F97000006334 AIQL

Sec 11. Additional Sheet

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Addition

Tom Simpson 926 S. Highway Dr. Fenton, MO 63026

D

Addition

Jim Harrison

PO-Box-2992~

Midland, TX 79702

D

Addition

Steve Klochko 8951 Schaeffer Hwy Detroit, MI 48228

D

Steve Boyland 10025 West Markham Little Rock, AR 72205 Addition