

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90053 013 \*\*\*550.00

**DOCUMENT # F99000002974**

1. Entity Name  
**FENTON GRAVEL CO., INC.**

Principal Place of Business  
**1409 COLLINGSWOOD AVENUE**  
**MARCO ISLAND FL 34145**

Mailing Address  
**1409 COLLINGSWOOD AVENUE**  
**MARCO ISLAND FL 34145**

A0077338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1429 COLLINGSWOOD AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1429 COLLINGSWOOD AVE**  
 Suite, Apt. #, etc.

City & State  
**MARCO ISLAND FL**  
 Zip  
**34145**

City & State  
**MARCO ISLAND, FL**  
 Zip  
**34145**

4. FEI Number **38-1673523**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAUGHNESSY, SUE**  
**1409 COLLINGSWOOD AVENUE**  
**MARCO ISLAND FL 34145**

**7. Name and Address of New Registered Agent**

Name  
**SHAUGHNESSY, SUE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1429 COLLINGSWOOD AVE**  
 City  
**MARCO ISLAND FL** Zip Code  
**34145**

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 *Sue B. Shaughnessy* **SUE B. SHAUGHNESSY** 9/11/00  
 Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHNESSY, SUE		NAME	SHAUGHNESSY, SUE	
STREET ADDRESS	1409 COLLINGSWOOD AVENUE		STREET ADDRESS	1429 COLLINGSWOOD AVE	
CITY-ST-ZIP	MARCO ISLAND FL		CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, THOMAS D		NAME		
STREET ADDRESS	STE 101, 500 PERRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	GRAND BLANC, MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sue B. Shaughnessy* **SUE B. SHAUGHNESSY** 8/27/00 941-394-1586  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)