

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40764

1. Entity Name

SANFORD CONCRETE & PAVEMENT MARKINGS, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90016 030 \*\*\*150.00

Principal Place of Business

Mailing Address

% LOUIS P. THEISEN  
600 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK  
SANFORD FL 32771

% LOUIS P. THEISEN  
600 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. (FEI Number) 56-2289438

Applied For

Not Applicable

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

THEISEN, LOUIS P.  
216 HICKMAN DR., I-4  
INDUSTRIAL PARK  
SANFORD FL 32771

Name KEVIN P. THEISEN

Street Address (P.O. Box Number is Not Acceptable)

600 HICKMAN CIRCLE

City SANFORD

FL

Zip Code 32771

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]*  
Signature, typed or printed name of registered agent and title if applicable.

KEVIN P. THEISEN, V-PRESIDENT

3-30-01

(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, 2001 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 DV  
NAME BARMAN, DOUGLAS N.  
STREET ADDRESS 4010 DRAKE RD.  
CITY-ST-ZIP NORWALK OH ☐ Delete

TITLE DP  
NAME  
STREET ADDRESS 146 SYCAMORE DRIVE  
CITY-ST-ZIP NORWALK, OH 44857 ☒ Change ☐ Addition

TITLE STD  
NAME HUG, STEVEN C.  
STREET ADDRESS 1 JENNIFER WAY  
CITY-ST-ZIP NORWALK OH ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ZIP: 44857 ☐ Change ☒ Addition

TITLE PD  
NAME THEISEN, LOUIS P.  
STREET ADDRESS 459 HAMPTONCREST CIRCLE  
CITY-ST-ZIP HEATHROW FL ☒ Delete

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

TITLE VD  
NAME MCFADDEN, JAMES M.  
STREET ADDRESS PATTON TRACT RD.  
CITY-ST-ZIP N MONROEVILLE OH ☒ Delete

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

TITLE DV  
NAME REICHERT, GERALD  
STREET ADDRESS 128 SYCAMORE DRIVE  
CITY-ST-ZIP NORWALK OH ☐ Delete

TITLE  
NAME  
STREET ADDRESS 746 MALLARD POINTE  
CITY-ST-ZIP NORWALK, OH 44857 ☒ Change ☐ Addition

TITLE VD  
NAME THEISEN, KEVIN P  
STREET ADDRESS 600 CHOCTAW ST  
CITY-ST-ZIP LAKE MARY FL ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN THEISEN VP

3-30-01

Date

(407)321-1010

Daytime Phone #

CR2E034 (10/00)