

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G86302

1. Entity Name  
ATLANTIC CONCRETE, INCORPORATED

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90331 045 \*\*\*150.00

923556



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8 COOLIDGE AVE  
ORMOND BEACH FL 32174  
US

Mailing Address  
8 COOLIDGE AVE  
ORMOND BEACH FL 32174  
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2389897

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

GARRETT, WILLIAM J F  
8 COOLIDGE AVENUE  
ORMOND BEACH FL 32174

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, 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

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HAUCH, ANGEL WOOD	
STREET ADDRESS	33 DOLPHIN AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	HAUCH, ALAN	
STREET ADDRESS	33 DOLPHIN AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAHME, JOHN C	
STREET ADDRESS	3881 CLOVE LN	
CITY-ST-ZIP	BUNNELL FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Garrett	
STREET ADDRESS	5763 White Acres Lane	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELINE GARRETT	
STREET ADDRESS	5763 White Acres Lane	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jacqueline Garrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-673-2203

CR2E034 (10/00)