

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2001 08:00 AM  
Secretary of State

DOCUMENT # H21266

1. Entity Name  
CENTRAL FLORIDA HOT MIX, INC.

Principal Place of Business  
3350 REYNOLDS RD.  
PO BOX 1823  
EATON PARK  
33840  
FL

Mailing Address  
3350 REYNOLDS RD.  
PO BOX 1823  
EATON PARK  
33840  
FL

2. Principal Place of Business  
3350 REYNOLDS RD.

3. Mailing Address  
PO BOX 1823

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LAKELAND  
FL

City & State  
EATON PARK  
FL

4. FEI Number  
59-2469668

Applied For  
Not Applicable

Zip  
33803

Country

Zip  
33840

Country

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

## 6. Name and Address of Current Registered Agent

LANIER JOE A  
3615 JIMKIM LN  
  
LAKELAND FL  
33813

## 7. Name and Address of New Registered Agent

Name  
LANIER JOE A  
Street Address (P.O. Box Number is Not Acceptable)  
3615 JIM KIM LN  
  
City  
LAKELAND FL Zip Code  
33813

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 \_\_\_\_\_ 01/16/2001  
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 NAME STREET ADDRESS CITY-ST-ZIP	V MYERS MICHAEL 3350 REYNOLDS RD LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEAVY, JAY W. 2140 ORANGEDALE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LANIER JOE A 3615 JIM KIM LANE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PEAVY, J.W. 1983 VISTA VIEW DR. LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joe A. Lanier

PS

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)