## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **K56517** 1. Entity Name ONECO ASPHALT AND CONCRETE, INC. 04-20-2000 90101 011 \*\*\*150.00 Mailing Address Principal Place of Business P O BOX 17 3141 27TH ST. EAST **BRADENTON FL 34208** ONECO FL 34264-0017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0085303 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired □-**Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFERS, WYNETTE Street Address (P.O. Box Number is Not Acceptable) 6711 LINCOLN RD **BRADENTON 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE JEFFERS, WYNETTE NAME NAME STREET ADDRESS 6711 LINCOLN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

KNING OFFICER OR DIRECTOR

Date

Daytime Phone #