

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70840

1. Entity Name
GATE PRECAST COMPANY

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91613 022 ***150.00

0032745 AV

Principal Place of Business

HWY 21 SO
MONROEVILLE AL 36460
US

Mailing Address

BOX 23627
JACKSONVILLE FL 32241-3627
US

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 63-0996064

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

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 *J.E. McCormack*
Signature, typed or printed name of registered agent and title if applicable.

J.E. MCCORMACK, SECRETARY

4-19-02

(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, 2002 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	DVC	<input type="checkbox"/> Delete
NAME	LUKE, J. C.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	LUEDERS, JACK C JR	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCORMACK, JAMES EUGENE	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAZEK, THOMAS F	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GWALTNEY, JOSEPH F.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, DAVID M.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	DC	<input checked="" 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	ATAS	<input checked="" 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: *J.E. McCormack* J.E. MCCORMACK, SECRETARY

4-19-02

904-448-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Att achment # K70840
779629

Document # K70840

Gate Precast Company

Addition to Officers:

DP
Quinlan, Michael E

V
Ledkins, Marcus

V
Gwin, Dean O

V
Gross, David H

V
Nolan, Jeffery S

V
Head, Scott

V/Controller
Bishop, Ann