

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90043 036 ***150.00

DOCUMENT # K95105

1. Entity Name

GRISWOLD READY MIX CONCRETE, INC.

Principal Place of Business

Mailing Address

11660 CAMDEM RD
 JACKSONVILLE FL 32226
 US

POST OFFICE BOX 28578
 JACKSONVILLE FL 32226-8578
 US

B0023565



DO NOT WRITE IN THIS SPACE

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 **59-2956568**

Applied For

Not Applicab

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

GRISWOLD, LARRY
629 RENNE DR. N.
JACKSONVILLE FL 32218

Name **SHERRINE Griswold**
 Street Address (P.O. Box Number is Not Acceptable)
629 Renne Dr. N.
 City **JACKSONVILLE** FL Zip Code **32218**

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 *Sherriine Griswold* **SHERRINE GRISWOLD** **2/14/00**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P GRISWOLD, SHERRINE 629 RENNE DR. N. JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRISWOLD, LARRY JR. 10568 PINE ESTATES RD., EAST JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11448 V.C. Johnson Rd JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRISWOLD, MABRINE H 5542 JAMES C JOHNSON RD. JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherriine Griswold* **2/14/00** **904-696-1453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #