

2001 UNIFORM BUSINESS REPORT (UBR)

0006301 AF

DOCUMENT # L00000014174

1. Entity Name
ABSOLUTE READY-MIX, LC

FILED

01 APR 23 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2585 AVOCADO AVENUE
MELBOURNE FL 32935

Mailing Address
2585 AVOCADO AVENUE
MELBOURNE FL 32935



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE FL 32901

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10.

TITLE NAME MGR YOUNG, BRIAN ☐ Delete
STREET ADDRESS 2585 AVOCADO AVENUE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR WILLE, ROBERT ☐ Delete
STREET ADDRESS 2585 AVOCADO AVENUE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR BAXTER, ROGER ☐ Delete
STREET ADDRESS 2585 AVOCADO AVENUE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-01 321-676-1565

CR2E083 (11/00)