

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90020 030 ***158.75

DOCUMENT # L43828
1. Entity Name
ALL STATE CONCRETE CORPORATION

Principal Place of Business **Mailing Address**
~~5759 WESTVIEW DRIVE~~ ~~5759 WESTVIEW DRIVE~~
~~ORLANDO FL 32810-3940~~ ~~ORLANDO FL 32810-3940~~
US **US**

2. Principal Place of Business **3. Mailing Address**
8101 Gilliam Road **8101 Gilliam Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Apopka, Florida **Apopka, Florida**
Zip **Country** **Zip** **Country**
32703 **Orange** **32703** **Orange**

4. FEI Number **59-2988103** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
STALEY, BRADLEY
~~5759 WESTVIEW DRIVE~~ **6115 Lineal Beach Dr.**
~~ORLANDO FL 32810~~ **Apopka, FL 32703**

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 *Bradley A. Staley* *Bradley A. Staley* *Feb 28, 2002*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	PD ☐ Delete
NAME	STALEY, BRADLEY A.
STREET ADDRESS	5759 WESTVIEW DRIVE 6115 Lineal Beach
CITY-ST-ZIP	ORLANDO FL 32810 Apopka, FL 32703-Dr.
TITLE	VD ☐ Delete
NAME	FETTE, GREGORY L.
STREET ADDRESS	8101 GILLIAM RD
CITY-ST-ZIP	APOPKA FL 32703
TITLE	STD ☐ Delete
NAME	FETTE, GREGORY L.
STREET ADDRESS	8101 GILLIAM RD
CITY-ST-ZIP	APOPKA FL 32703
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: *Bradley A. Staley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 **407-294-5703**
 Date Daytime Phone #

CR2E034 (9/01)