

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000888**

1. Entity Name

**AMERICAN CONCRETE PRODUCTS COMPANY, L.C.**

Principal Place of Business

**2755 BLANDING BLVD., SUITE 112  
MIDDLEBURG FL 32068**

Mailing Address

**P.O. BOX 620  
DOCTOR'S INLET FL 32030**

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

**59-3351217**

Applied For

Not Applicable

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

**TAYLOR JR, LARRY M  
4135 HIGHWAY 17 SOUTH  
GREEN COVE SPRINGS FL 32043**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2755 Blanding Blvd STE 112**

City

**Middleburg**

**FL**

Zip Code

**32068**

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

TITLE **MGRM** ☐ Delete  
NAME **TAYLOR, LARRY M JR.**  
STREET ADDRESS **P.O. BOX 620, N/A**  
CITY-ST-ZIP **DOCTOR'S INLET FL 32030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100004384241--7**  
**-06/08/01--01099--004**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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

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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

**5/1/01**

Date

**904/759-5744**

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY 14 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE