

5/15

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-15-2001 90039 001 ***150.00

DOCUMENT # P00000020460

1. Entity Name

CENTRAL FLORIDA MATERIALS, INC.

Principal Place of Business

Mailing Address

615 NE 107TH RD
OXFORD FL 34484615 NE 107TH RD
OXFORD FL 34484

2. Principal Place of Business

3. Mailing Address

612 NE 107th Road

612 NE 107th Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oxford, FL

Oxford, FL

Zip

Country

Zip

Country

34484

USA

34484

USA

4. FEL Number

Applied For

Not Applicable

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

CRUMPTON, JO ANN
111 ALBRIGHTON DR
LONGWOOD FL 32779

Name

H. L. Wood

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

612 NE 107th Road

City

FL

Zip Code

34484

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

Jo Ann Crumpton

Jo Ann Crumpton

4/28/01

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, 2001 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 | H. L. Wood, President | <input type="checkbox"/> Delete |
| NAME | 612 NE 107th Road | |
| STREET ADDRESS | Oxford, FL 34484 | |
| CITY-ST-ZIP | | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | Charles H. Veigle, Sr. | |
| STREET ADDRESS | 4625 E. Lake Drive | |
| CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | <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 | | <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:

H. L. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. L. Wood, President

Daytime Phone #

CR2E034 (10/00)