

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90072 031 ***150.00

DOCUMENT # P00000020460

1. Entity Name

CENTRAL FLORIDA MATERIALS, INC.

Principal Place of Business

**612 NE 107TH RD
 OXFORD FL 34484**

Mailing Address

**1012 NE 107TH ROAD
 OXFORD FL 34484**

2. Principal Place of Business

3. Mailing Address

4625 East Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, Fl

4. FEI Number

59-3627630

Applied For

Not Applicable

Zip

Country

Zip

32708

Country

Seminole

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

**WOOD, H L
 612 NE 107TH RD
 OXFORD FL 34484**

Name

Kathleen S Greene

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

4625 East Lake Drive

City

Winter Springs

FL

Zip Code
32708

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

H L Wood

Kathleen S Greene

2-26-02

Signature, typed or printed name of registered agent and title, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WOOD, H L**
 STREET ADDRESS **612 NE 107TH RD**
 CITY-ST-ZIP **OXFORD FL 34484**

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

TITLE **VP** ☐ Delete
 NAME **VEJALE, CHARLES H SR**
 STREET ADDRESS **4625 E. LAKE DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☒ Change ☐ Addition
 NAME **VEIGLE, CHARLES H SR**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

H L WOOD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02

Date

407-696-4100

Daytime Phone #

CR2E034 (9/01)