

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035255

1. Entity Name

BIG LAKE CONCRETE & BUILDER MATERIALS, INC.

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90011 049 \*\*\*150.00

Principal Place of Business

1610 SOUTHERN BLVD  
WEST PALM BEACH FL 33406

Mailing Address

1610 SOUTHERN BLVD  
WEST PALM BEACH FL 33406

2. Principal Place of Business

1324 South Main St

Suite, Apt. #, etc.

3. Mailing Address

1324 South Main St.

Suite, Apt. #, etc.

City & State

Belle Glade FL

City & State

Belle Glade FL

Zip

33430

Country

USA

Zip

33430

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ALLAN L  
1610 SOUTHERN BLVD  
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name Calvin D. Alston

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

1324 South Main St.

City Belle Glade

FL

Zip Code 33430

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

Calvin D. Alston

Calvin D. Alston

3-21-01

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

TITLE D  
NAME HOFFMAN, ALLAN L  
STREET ADDRESS 1610 SOUTHERN BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD  
NAME Calvin D. Alston  
STREET ADDRESS 1324 South Main St  
CITY-ST-ZIP Belle Glade FL 33430 ☐ Change ☒ Addition

TITLE VPD  
NAME H.E. Hill  
STREET ADDRESS 1324 S. main street  
CITY-ST-ZIP Belle Glade FL 33430 ☐ Change ☒ Addition

TITLE S  
NAME Mona L Miller  
STREET ADDRESS 1324 South Main St  
CITY-ST-ZIP Belle Glade FL 33430 ☐ Change ☒ Addition

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

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

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:

Calvin D. Alston

Date

3/21/01 561-996-4524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)