

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036761

1. Entity Name  
AMERICAN AGGREGATE CORPORATION

Principal Place of Business  
6406 YVETTE DRIVE  
HUDSON FL 34667

Mailing Address  
6406 YVETTE DRIVE  
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Hudson, FL

Zip

Country

PASCO

Zip

34674

Country

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLEY, CLARENCE  
6406 YVETTE DRIVE  
HUDSON FL 34667

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: *Clarence McCulley* Clarence McCulley  
(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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 D  
NAME MCCULLEY, CLARENCE  
STREET ADDRESS 6406 YVETTE DRIVE  
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE  
NAME 800004704608-3  
STREET ADDRESS -12/04/01--01067--022  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE: *Clarence McCulley* Clarence McCulley 10-12-01 727-697-2913  
Date Daytime Phone #

FILED

01 NOV -1 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

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CR2E034 (5/01)