

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000044215**

1. Entity Name  
**LAPORTE CONCRETE, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:54

Principal Place of Business  
**2235 AARON DR.  
GREEN COVE SPRINGS FL 32043**

Mailing Address  
**2235 AARON DR.  
GREEN COVE SPRINGS FL 32043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3647785**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JONES, TERRANCE A  
769 BLANDING BLVD.  
ORANGE PARK FL 32065**

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

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: \$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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LAPORTE, JOE**  
CITY-ST-ZIP **2235 AARON DR.  
GREEN COVE SPRINGS FL 32043**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LAPORTE, DEBRA**  
CITY-ST-ZIP **2235 AARON DR.  
GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500004662965--0  
-11/01/01--01057--006  
\*\*\*\*550.00 \*\*\*\*550.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/01

Date

904-291-804

Daytime Phone #

292

LAPORE CONCRETE INC  
2214 GARDEN LANE  
GREEN COVE SPRINGS, FL 32041

Five hundred fifty and 00/100

**Compass Bank**  
Orange Park, Florida (66)

For added security, the account number no longer appears on this copy.

3245 NOT NEGOTIABLE

PAY TO THE ORDER OF	[REDACTED]
FOR DEPOSIT ONLY	[REDACTED]
BALANCE	[REDACTED]
OTHER	[REDACTED]
BAL. F.O.R.D.	[REDACTED]

check was sent 9/3/01

I have not received this check  
back. I am issuing another  
check. Please send back chk  
3425 if you receive it.  
Thanks.  
D. Labate