

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90008 025 ***150.00

DOCUMENT # P00000058843

1. Entity Name

AGGREGATE ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business

**202 LAKE MIRIAM DR STE E-4
 LAKE LAND FL 33813**

Mailing Address

**202 LAKE MIRIAM DR STE E-4
 LAKE LAND FL 33813**

2. Principal Place of Business

3. Mailing Address

P.O. Box 6009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE LAND, FL

4. FEI Number

59-3659294

Applied For

Not Applicable

Zip

Country

Zip

Country

33807

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHARLES M. HOWELL

**202 LAKE MIRIAM DR STE E-4
 LAKE LAND FL 33813**

7. Name and Address of New Registered Agent

Name **CHARLES M. HOWELL**

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

202 LAKE MIRIAM DR. SUITE E-4

City

LAKE LAND

FL

Zip Code

33813

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

Charles M. Howell

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

Charles M. Howell

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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

TITLE **AS** ☒ Delete
 NAME **MADDUX, KATHI**
 STREET ADDRESS **202 LAKE MIRIAM DR STE E-4**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **VPAS** ☐ Delete
 NAME **MARGIOTTI, VINCENT J JR**
 STREET ADDRESS **202 LAKE MIRIAM DR STE E-4**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **PAS** ☐ Delete
 NAME **HOWELL, CHARLES M**
 STREET ADDRESS **202 LAKE MIRIAM DRIVE SUITE E4**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **SE** ☐ Delete
 NAME **MOODY, STEPHEN**
 STREET ADDRESS **202 LAKE MIRIAM DRIVE SUITE E4**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **TREASURER** ☐ Delete
 NAME **HOWELL, BONNIE E.**
 STREET ADDRESS **3604 ROYAL COURT N.**
 CITY-ST-ZIP **LAKE LAND, FL 33813**

TITLE **ASST. SEC.** ☐ Delete
 NAME **PEACOCK, JUNE L.**
 STREET ADDRESS **202 LAKE MIRIAM DR.**
 CITY-ST-ZIP **LAKE LAND, FL 33813**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Moody, Stephen**
 STREET ADDRESS **202 Lake Miriam Drive, Suite E4**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Howell, Bonnie E.**
 STREET ADDRESS **3604 Royal Court N.**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Asst. Sec.** ☐ Change ☒ Addition
 NAME **Peacock, June L.**
 STREET ADDRESS **202 Lake Miriam Drive, Suite E4**
 CITY-ST-ZIP **Lakeland, FL 33813**

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:

Charles M. Howell **CHARLES M. HOWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02 (863) 559-5600

Daytime Phone #

CR2E034 (9/01)