

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90088 025 ***150.00

DOCUMENT # P00000104069

1. Entity Name

P & L CONSTRUCTION MATERIALS, INC.

Principal Place of Business

Mailing Address

3075 LEON RD.
JACKSONVILLE FL 32246

3075 LEON RD.
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

3075 Leon Rd.
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

JAX. FL.

City & State

JAX. FL.

Zip

32246

Country

Duvai

Zip

32246

Country

Duvai

4. FEI Number

59-3679365

Applied For

Not Applicable

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

HART, LYNN
3075 LEON RD.
JACKSONVILLE FL 32246

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

Lynn Hart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PD
Lynn Hart
3075 Leon Rd
Jacksonville FL 32246

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:

Pamela L. Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/01

904-646-1275

CR2E034 (10/00)