

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000111716**1. Entity Name
STERLING READY MIX, INC.

Principal Place of Business

623 NE 5 TERR

FT LAUDERDALE
333044643

FL

Mailing Address

623 NE 5 TERR

FT LAUDERDALE
333044643

FL

2. Principal Place of Business

3350 SW 11 STREET

Suite, Apt. #, etc.

3. Mailing Address

3350 SW 11 STREET

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

FL

Zip
33442Country
US

City & State

DEERFIELD BEACH

FL

Zip
33442

Country

4. FEI Number

65-1082687

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANE DAVID
623 NE 5 TERRFT LAUDERDALE
333044643

FL

7. Name and Address of New Registered Agent

Name

LANE DAVID V. P.

Street Address (P.O. Box Number is Not Acceptable)
3350 SW 11 STREETCity
DEERFIELD BEACH

FL

Zip Code
33442

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 **DAVID LANE**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE DAVID	
STREET ADDRESS	623 NE 5 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 333044643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MRS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND ENA JSVP	
STREET ADDRESS	3350 SW 11 STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	MR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES MARK P & CEO	
STREET ADDRESS	3350 SW 11 STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	MR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE DAVID VP	
STREET ADDRESS	3350 SW 11 STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DAVID LANE**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)