2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2873 BURRIS ROAD

ORANGE PARK FL 32065

P02000135461 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2873 BURRIS ROAD

ORANGE PARK FL 32065

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

COMMERCIAL SAND & GRAVEL, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90085 020 ***150.00

90019380

Fee Required



DATE

PADGETT, FRANKLIN H 2873 BURRIS ROAD **ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent		
Name		-
Street Address (P.O. Box Numbe	is Not Acceptable)	_
City	FL Zip Code	

8. The above named entity submited this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Addition Padgett, Franklin H NAME STREET ADDRESS 2873 BURRIS ROAD STREET ADDRESS CITY-ST-ZIP Orange Park FL 32065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE:

904 282 7263