

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2001 90409 001 ***150.00

DOCUMENT # R21214

1. Entity Name

FIRELANDS CONCRETE PAVING, INC.

Principal Place of Business

1620 US RT 20 WEST
 NORWALK OH 44857
 US

Mailing Address

1620 US RT 20 WEST
 NORWALK OH 44857
 US

00029600



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 **34-1278717**

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$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 **PD** ☒ Delete
 NAME **THEISEN, LOUIS P.**
 STREET ADDRESS **459 HAMPTON CREST CIRCLE**
 CITY-ST-ZIP **HEATHROW FL**

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

TITLE **VD** ☐ Delete
 NAME **THEISEN, KEVIN P.**
 STREET ADDRESS **600 CHOCKTAW ST.**
 CITY-ST-ZIP **LAKE MARY FL**

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

TITLE **VD** ☐ Delete
 NAME **REICHERT, GERALD**
 STREET ADDRESS **128 SYCAMORE DR.**
 CITY-ST-ZIP **NORWALK OH**

TITLE ☒ Change ☐ Addition
 NAME **746 MALLARD POINTE**
 STREET ADDRESS **NORWALK, OHIO 44857**
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **MCFADDEN, JAMES M.**
 STREET ADDRESS **R.D. #1, PATTEN TRACT RD**
 CITY-ST-ZIP **MONROEVILLE OH**

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

TITLE **STD** ☐ Delete
 NAME **HUG, STEVEN C.**
 STREET ADDRESS **1 JENNIFER WAY**
 CITY-ST-ZIP **NORWALK OH**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP - 44857**

TITLE **VD** ☐ Delete
 NAME **BARMAN, DOUGLAS**
 STREET ADDRESS **4010 DRAKE ROAD**
 CITY-ST-ZIP **NORWALK OH**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **146 SYCAMORE DRIVE**
 CITY-ST-ZIP **NORWALK, OHIO 44857**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 26 2001

Date

(419) 668-9165

Date, time Phone #

CR2034 (10/00)