

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 24 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name

Cumbie Concrete Company, Inc.

995 000025595

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4871 Woodlane Circle

3. Mailing Address

4871 Woodlane Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL 32303

City & State
Tallahassee, FL

4. FEI Number
59-332174701

Applied For
Not Applicable

Zip
32303

Country
Leon

Zip
32303

Country
Leon

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Sandra Faircloth

Street Address (P.O. Box Number is Not Acceptable)
228 Francis Maples Drive

City Tallahassee FL Zip Code 32303

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.

Sandra Faircloth
(NOT: Registered Agent signature required when reinstating)

6-17-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, President
B. T. Cumbie
8649 Coach Road
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200006106812--6
-06/28/02--01062--007
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive V.P-Chief Financial Officer
Sandra Faircloth
228 Francis Maples Drive
Tallahassee, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP-Director of Operations
Alex H. Smith
6517 Saylers Creek Road
Tallahassee, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *B.T. Cumbie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2002 562-3239

Date Daytime Phone #

CR2E034B (12/01)