

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072224

1. Entity Name

EAST COAST CONCRETE & MATERIALS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90011 035 ***150.00

Principal Place of Business

Mailing Address

406 ASH ST.

BEACH FL 32034

406 ASH ST.

FERNANDINA BEACH FL 32034-4234

00009316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3365335**

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

TOMASSETTI, JEFFREY A
406 ASH ST.
FERNANDINA BEACH FL 32034

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	ALDRIDGE, MARK L	NAME	
STREET ADDRESS	ROUTE 2 BOX 3210	STREET ADDRESS	
CITY-ST-ZIP	FOLKSTON GA 32537	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BLUNIER, DANIEL	NAME	
STREET ADDRESS	109 WOODLAND CT.	STREET ADDRESS	
CITY-ST-ZIP	KINGSLAND GA 31548	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	GROSS, WILLIAM H	NAME	
STREET ADDRESS	PO BOX 365 NA	STREET ADDRESS	
CITY-ST-ZIP	KINGSLAND GA 31548	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00

912-729-1800

CR2E034 (9/99)