

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90006 013 ***150.00

DOCUMENT # **P96000007514**
1. Entity Name
ACE, SAND AND GRAVEL COMPANY

Principal Place of Business Mailing Address
1729 SW 77TH TERRACE 1729 SW 77TH TERRACE
GAINESVILLE, FL 32607 GAINESVILLE, FL 32607
US US

2. Principal Place of Business 3. Mailing Address
1729 SW 77TH TERRACE 1729 SW 77TH TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GAINESVILLE FL GAINESVILLE, FL
Zip Country Zip Country
32607 US 32607 US

4. FEI Number **59-3361325** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
JONES, Maryagnes
1729 SW 77TH TERRACE
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent
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: **Maryagnes Jones** **Maryagnes JONES** **4/17/2001**
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
JONES, Maryagnes
1729 SW 77TH TERRACE
GAINESVILLE, FL 32607
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
JONES, OTTO MACK
1729 SW 77TH TERRACE
GAINESVILLE, FL 32607
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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: **Maryagnes Jones** **Maryagnes JONES** **4/17/2001 352-264-9882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)