

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90088 035 \*\*\*150.00

**DOCUMENT # P96000035311**

1. Entity Name

**AMERICAN LIME & DOLOMITE, INC.**

Principal Place of Business

**885 HWY 71 SOUTH  
MARIANNA FL 32448**

Mailing Address

**885 HWY 71 SOUTH  
MARIANNA FL 32448**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3390190**

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****MORRIS, CHARLES  
ROUTE 1, BOX 95  
CLARKSVILLE FL 32446**

Name

**MORRIS, CHARLES C.**

Street Address (P.O. Box Number is Not Acceptable)

**11691 NW NEWSOME RD.**

City

**CLARKSVILLE**

FL

Zip Code

**32430**

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**TITLE **PD** ☐ Delete  
NAME **MORRIS, CHARLES**  
STREET ADDRESS **RR 1, BOX 95**  
CITY-ST-ZIP **CLARKSVILLE FL 32430**TITLE **VPD** ☐ Delete  
NAME **MORRIS, CARY E**  
STREET ADDRESS **2663 INDIAN SPRINGS RD**  
CITY-ST-ZIP **MARIANNA FL 32446**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☒ Change ☐ Addition  
NAME **MORRIS, CHARLES C.**  
STREET ADDRESS **11691 NW NEWSOME RD.**  
CITY-ST-ZIP **CLARKSVILLE, FL 32430**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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 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 #

**4/30/01 (850) 762-8030**

CR2E034 (10/00)