

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90443 019 \*\*\*158.75

**DOCUMENT # P96000084590**

1. Entity Name

**R & E CONCRETE CONSTRUCTION, INC.**

Principal Place of Business

**255 NORTH LAKE AVENUE  
 LAKE BUTLER FL 32054**

Mailing Address

**P.O. BOX 233  
 LAKE BUTLER FL 32054  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 855**

Suite, Apt. #, etc.

City & State

**Lake Butler, FL**

Zip

**32054**

Country

**US**

4. FEI Number

**59-3406793**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROBERTS, AVERY C  
 255 NORTH LAKE AVENUE  
 LAKE BUTLER FL 32054**

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

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          | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>ROBERTS, AVERY C</b>     |                                 |
| STREET ADDRESS | <b>255 N LAKE AVE.</b>      |                                 |
| CITY-ST-ZIP    | <b>LAKE BUTLER FL</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>ELIXSON, BILLY R</b>     |                                 |
| STREET ADDRESS | <b>RT. 2, BOX 834</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKE BUTLER FL</b>       |                                 |
| TITLE          | <b>S</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>BOLES, LINDA C</b>       |                                 |
| STREET ADDRESS | <b>6798 CRYSTAL LAKE RD</b> |                                 |
| CITY-ST-ZIP    | <b>STARKE FL 32091</b>      |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Linda C. Boles</b>             |  |
| STREET ADDRESS | <b>6798 Crystal Lake Road</b>     |  |
| CITY-ST-ZIP    | <b>Keystone Heights, FL 32656</b> |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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

**3-15-01**

Date

**9044963509**

Daytime Phone #

CR2E034 (10/00)