

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061079

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90118 009 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name CONSTRUCTION AGGREGATES CORPORATION OF FLORIDA			
Principal Place of Business 2431 ESTANCIA BLVD. BLDG. A-1 CLEARWATER FL 33761		Mailing Address 2431 ESTANCIA BLVD. BLDG. A-1 CLEARWATER FL 33761-2608	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. FEI Number 59-3457796			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM %CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		DATE	
OFFICERS AND DIRECTORS			
P SENSIBAR, DAVID 5737 S BLACKSTONE CHICAGO IL 60637	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition
VP GOLDFARB, JACK 2431 ESTANCIA BLVD A-1 CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST FREUND, ALBERT 2431 ESTANCIA BLVD A-1 CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
AS GARMISA, WILLIAM 1 IBM PLAZA STE 4500 CHICAGO IL 60611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 stated 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 a 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. [Signature]*