

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096390

1. Entity Name

S & W MATERIALS, INC.

Principal Place of Business

10417 ALTA DR
JACKSONVILLE FL 32226

Mailing Address

10417 ALTA DR
JACKSONVILLE FL 32226
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
SUITE 3100 - BARNETT CENTER
50 N LAURA STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Glazier & Glazier, PA
Street Address (P.O. Box Number is Not Acceptable)
8825 Perimeter Park Blvd
Suite 504
City Jacksonville FL Zip Code 32256

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.

Scott L. Glazier VP

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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 D ☐ Delete
NAME MILLER, GARY A
STREET ADDRESS 104717 ALTA DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ Delete
NAME STEGALL, JACK
STREET ADDRESS 10417 ALTA DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/S/P ☒ Change ☐ Addition
NAME GARY A. Miller
STREET ADDRESS 10417 ALTA DR
CITY-ST-ZIP Jacksonville, FL 32226

TITLE P/D ☒ Change ☐ Addition
NAME JACK STEGALL
STREET ADDRESS 10417 ALTA DR.
CITY-ST-ZIP Jacksonville, FL 32226

TITLE VP ☐ Change ☒ Addition
NAME DALE M. WHALON
STREET ADDRESS 10417 ALTA DR.
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE D. ☐ Change ☒ Addition
NAME TOMY M. SENG
STREET ADDRESS 10417 ALTA DR.
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 a power like empowered.

SIGNATURE: Jack E. Stegall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK STEGALL

4/30/01

DATE

904-757-2222

DAYTIME PHONE #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90242 027 ***150.00



DO NOT WRITE IN THIS SPACE

0457135

CR2E034 (10/00)