

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 003 ***150.00

DOCUMENT # 998000016744

1. Entity Name

MID STATE CONCRETE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20931 NW HIGHWAY 27

3. Mailing Address

PO BOX 1047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WILMISTON, FL.

City & State

WILMISTON, FL.

4. FEI Number

593503054

Applied For

Not Applicable

Zip

32696

Country

USA

Zip

32696

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BARRY P. BULLARD

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

150 NW 75TH DRIVE STB. A

City

GAINESVILLE

FL

Zip Code

32607

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
BARRY P. BULLARD
150 NW 75TH DRIVE STB. A
GAINESVILLE, FL. 32607

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

P
WILLIAM A. MILLER
16815 NW 138TH AVE.
GAINESVILLE, FL. 32609

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

V
WILLIAM S. NIBBY JR.
13654 S.E. COUNTY ROAD 336
DUNNELLON, FL. 34431

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. MILLER PRESIDENT

Date

4-25-02

Daytime Phone #

352-528-1020

CR2E034B (12/01)