

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075349

1. Entity Name

G & L CONCRETE, INCORPORATED

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90013 014 ***150.00

Principal Place of Business

Mailing Address

0000 COUNTY LINE RD.
LAKELAND FL 33811

6236 COUNTY LINE RD.
LAKELAND FL 33811-1726

2. Principal Place of Business

6815 Forestwood Dr W
Suite, Apt. #, etc.

3. Mailing Address

6815 Forestwood Dr W
Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33811

Country

City & State

Lakeland FL

Zip

33811

Country

4. FEI Number

59-3532040

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

HORNE, DIANE

6236 COUNTY LINE RD. - 6815 Forestwood
LAKELAND FL 33811 Dr. W.

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, 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

11. OFFICERS AND DIRECTORS

TITLE DP
NAME HORNE, DIANE
STREET ADDRESS 6236 COUNTY LINE RD. 6815 Forestwood
CITY-ST-ZIP LAKELAND FL 33811 Dr W

TITLE DVP
NAME HORNE, GREGORY
STREET ADDRESS 6236 COUNTY LINE RD. 6815 Forestwood
CITY-ST-ZIP LAKELAND FL 33811 Dr W

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Diane Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-00 941-6489532

CR2E034 (9/99)