

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086664

1. Entity Name

AMODEO SAND AND CLAY COMPANY

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90010 042 ***150.00

Principal Place of Business

Mailing Address

RURAL RT. 4, BOX 4452
DRUMS PA 18222

RURAL RT. 4, BOX 4452
DRUMS PA 18222-9804

C0040859

2. Principal Place of Business

3. Mailing Address

327 N. HUNTER HIGHWAY

327 N. HUNTER HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DRUMS, PA

City & State

DRUMS, PA

4. FEI Number

59-2447162

Applied For

Not Applicable

Zip

18222

Country

USA

Zip

18222

Country

USA

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

NRAI SERVICES, INC.
526 E. APRK AVE.
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKUBA, WILLIAM C
RURAL RT. 4, BOX 4452 327 N. HUNTER
DRUMS PA 18222 HIGHWAY

☐ Delete

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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

William C. Skuba

Date

Daytime Phone #

3-14-00 570-788-7020

CR2 034 03/21/00