

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 am
Secretary of State

04-12-2002 90002 029 ***150.00

DOCUMENT # P98000086664

1. Entity Name

AMODEO SAND AND CLAY COMPANY

Principal Place of Business

**327 N HUNTER HWY
 DRUMS PA 18222**

Mailing Address

**327 N HUNTER HWY
 DRUMS PA 18222**

2. Principal Place of Business

2754 Aqueduct Rd.

3. Mailing Address

2754 Aqueduct Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Schenectady NY

City & State

Schenectady, N.Y.

Zip

12309

Country

USA

Zip

12309

Country

USA

4. FEI Number

59-2447162

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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 **SKUBA, WILLIAM C**
 STREET ADDRESS **327 N HUNTER HWY**
 CITY-ST-ZIP **DRUMS PA 18222**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **Director** ☒ Change ☐ Addition
 NAME **Alexander M. Jackson**
 STREET ADDRESS **2754 Aqueduct Road**
 CITY-ST-ZIP **Schenectady, New York 12309**

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

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

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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

518-374-3366

Daytime Phone #

0620305 AT

CR2E034 (9/01)