

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010500

1. Entity Name

REYNOLDS CONCRETE, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90304 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3938 PETERS DRIVE  
PANAMA CITY FL 32405

3938 PETERS DRIVE  
PANAMA CITY FL 32405-1445

2. Principal Place of Business

2536 LIGENBY AVE

3. Mailing Address

2536 LIGENBY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

City & State

PANAMA CITY, FL

4. FEI Number

59-3551128

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

32405

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

JOHNSON, JOHN  
2232 24TH STREET  
PANAMA CITY FL 32405

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 D ☐ Delete  
NAME REYNOLDS, BERRY  
STREET ADDRESS 3938 PETERS DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE V ☐ Change ☒ Addition  
NAME LESTER REED CHISM  
STREET ADDRESS 1211 BABBY LANE  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D ☐ Delete  
NAME REYNOLDS, DIXIE  
STREET ADDRESS 3938 PETERS DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ Change ☐ Addition  
NAME BERRY R REYNOLDS  
STREET ADDRESS 2536 LIGENBY AVE  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME DIXIE REYNOLDS  
STREET ADDRESS 2536 LIGENBY AVE  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Date

858-872-0513  
Daytime Phone #

CR2E014 (9/99)