

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085904

1. Entity Name

CONSTRUCTION RECYCLING AGGREGATE MATERIALS, INC.

Principal Place of Business

1677 MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

Mailing Address

1677 MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1829
Suite, Apt. #, etc.

City & State

City & State
LAKE CITY, FLORIDA

Zip

Country

Zip

Country

32056-1829

USA

4. FEI Number

59-360 1191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METCALF, DAVID J
1677 MAHAN CENTER BLVD.
TALLAHASSEE FL 32308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ~~President~~ PRESIDENT / Director ☐ Delete
NAME TIM CHILDERS
STREET ADDRESS 2 GUNBOAT RD
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ~~Secretary / Treasurer / Director~~
NAME BRIAN R. SCHREIBER
STREET ADDRESS 2 GUNBOAT RD
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

Date

(904) 352-7585

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

04-26-2000 90171 009 ***150.00

08-29-2000 90032 045 ***550.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (5/00)