

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # V06516

1. Entity Name

GRAYCO REDI MIX, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-18-2000 90147 018 ***150.00

Principal Place of Business

3510 NE HWY 315
SILVER SPRINGS FL 34488
US

Mailing Address

P.O. Box 789
~~3510 NE HWY 315~~
SILVER SPRINGS FL ~~34488-2261~~
US 34489-0789

2. Principal Place of Business

3. Mailing Address

P.O. Box 789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Silver Springs, FLA.

Zip

Country

Zip

Country

34489-0789 MARION

4. FEI Number

59-3077155

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

Buffington
BUFFINGTON, BILL
3510 NE HWY 315
SILVER SPRING FL 34488

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 this applicant.

(NOTE: Registered Agent signature required when reinstating)

4/12/00
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 PS
NAME BUFFINGTON, WILLIAM D
STREET ADDRESS 3510 NE HWY 315
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

TITLE ~~VP~~
NAME ~~WILLES, RAYMOND~~
STREET ADDRESS ~~3510 NE HWY 315~~
CITY-ST-ZIP ~~SILVER SPRINGS FL 34488~~ ☒ Delete

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)