

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90060 028 \*\*\*150.00

**DOCUMENT # 418459**

1. Entity Name

**GARNER ASPHALT PAVING & SEALING CO., INC.**

Principal Place of Business <b>LAZY LANE FL 33614</b>	Mailing Address <b>9400 LAZY LANE TAMPA FL 33614-1513</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>115 1st Ave.S. W. Suite, Apt. #, etc.</b>	3. Mailing Address <b>115 1st Ave S.W. Suite, Apt. #, etc.</b>
City & State <b>Lutz, Fl. 33549</b>	City & State <b>Lutz, Fl 33549</b>
Zip <b>33549</b>	Zip <b>33549</b>
Country <b>Flis</b>	Country

4. FEI Number <b>59-1441960</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GARNER, RON  
9400 LAZY LANE  
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name  
**Garner, Ron**

Street Address (P.O. Box Number is Not Acceptable)  
**115 1st Ave/ S. W.**

City  
**Lutz, Florida** **FL** Zip Code  
**33549**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GARNER, RON</b>	
STREET ADDRESS <b>9400 LAZY LANE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>GARNER, LENORE J</b>	
STREET ADDRESS <b>1364 ECKLES DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>GARNER, LENORE</b>	
STREET ADDRESS <b>1364 ECKLES DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GARNER, RON</b>	
STREET ADDRESS <b>9400 LAZY LANE</b>	
CITY-ST-ZIP <b>TAMPA F 33614-1518</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Garner, Ron</b>	
STREET ADDRESS <b>115 1st Ave. S. W.</b>	
CITY-ST-ZIP <b>Lutz, Fl 33549</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Garner, Ron</b>	
STREET ADDRESS <b>115 st Ave S. W.</b>	
CITY-ST-ZIP <b>Lutz, Fl 33549</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ron Garner* **2-15-00** **813-909-7691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)