FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # 418459** 1. Entity Name ~~~ GARNER ASPHALT PAVING & SEALING CO., INC. 02-12-2001 90217 040 ***150.00 Principal Place of Business Mailing Address 115 1ST AVE SW 115 1ST AVE SW LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1441960 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARNER, RON Street Address (P.O. Box Number is Not Acceptable) **115 1ST AVE SW LUTZ FL 33549** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NAME GARNER, RON NAME STREET ADDRESS STREET ADDRESS 115 1ST AVE SW CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE Change ☐ Addition NAME GARNER, LENORE J. NAME STREET ADDRESS STREET ADDRESS 1364 ECKLES DRIVE CITY-ST-7IP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete ☐ Change □ Addition NAME GARNER, LENORE NAME STREET ADDRESS STREET ADDRESS 1364 ECKLES DRIVE CITY-ST-7IP CITY-ST-ZIP <u>Tampa Fl</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME GARNER, RON STREET ADDRESS STREET ADDRESS 115 ST AVE SW CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addition, with all other like empowered.

DURIOJ GARNER

R BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TY