

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90099 046 ***150.00

DOCUMENT # 807740

1. Entity Name

DREHMANN PAVING AND FLOORING COMPANY

Principal Place of Business

Mailing Address

PHILADELPHIA
 PHILADELPHIA PENNSYLVANIA 19116
 US

2101 BYBERRY ROAD
 PHILADELPHIA PENNSYLVANIA 19116-3017

2. Principal Place of Business

Pennsauken

3. Mailing Address

847 Bethel Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pennsauken, N.J.

City & State
Pennsauken, N.J. 08110

4. FEI Number **23-0535750**

Applied For

Not Applicable

Zip **08110**

Country **USA**

Zip **08110**

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

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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 Delete
 NAME **PD VARRA, W F**
 STREET ADDRESS **12807 MEDFORD RD.**
 CITY-ST-ZIP **PHILADELPHIA PA 19154**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD KLINE, J., J.**
 STREET ADDRESS **9 WINTHROP DR**
 CITY-ST-ZIP **DARBY PA 19023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **EVPD FURMAN IV, HORACE S.**
 STREET ADDRESS **13 GREENWOOD PL**
 CITY-ST-ZIP **WYNCOTE PA 19095**

TITLE Change Addition
 NAME
 STREET ADDRESS **520 Beaver Road**
 CITY-ST-ZIP **Glenside, Pa. 19038**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

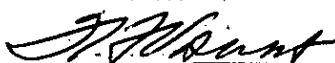
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:  **W.F. Varra, Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

856-486-0202

Date

Daytime Phone #

CR2E034 (9/99)