


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90160 041 ***150.00

DOCUMENT # *FO2000004566*

1. Entity Name
Berkshire Pavers West, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5231 MAHOGANY RUN AVE</i> Suite, Apt. #, etc. <i>SUITE # 326</i> City & State <i>SARASOTA, FL</i> Zip <i>34241</i> Country <i>SARASOTA</i>		3. Mailing Address <i>5231 MAHOGANY RUN AVE</i> Suite, Apt. #, etc. <i>SUITE # 326</i> City & State <i>SARASOTA, FL</i> Zip <i>34241</i> Country <i>SARASOTA</i>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>88-0487549</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *BRIAN R. YOUNG ATTORNEY*

Street Address (P.O. Box Number is Not Acceptable)
213 SILVER BEACH AVE

City *DAYTONA BEACH* FL Zip Code *32118*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>JAMES P. CONNORS</i> <i>5231 MAHOGANY RUN # 326</i> <i>SARASOTA, FL 34241</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY/TREASURER</i> <i>KATHLEEN LEJAR</i> <i>5231 MAHOGANY RUN # 326</i> <i>SARASOTA, FL 34241</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *James P. Connors* *President* Date *3-31-03* Daytime Phone # *9419234535*

JAMES P. CONNORS

CR2E034B (12/02)