

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90229 033 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018802

1. Entity Name
SEMINGTON PAVERS, L.L.C.

Principal Place of Business
6318 PASADENA PT. BLVD.
GULFPORT FL 33707

Mailing Address
6318 PASADENA PT. BLVD.
GULFPORT FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12801 S Belcher Road
Suite, Apt. #, etc.

3. Mailing Address
12801 S Belcher Road
Suite, Apt. #, etc.

City & State
Largo FL

City & State
Largo FL

4. FEI Number
06-1634562
Applied For
Not Applicable

Zip
33773
Country
Pinellas

Zip
33773
Country
Pinellas

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, ALLEN
6318 PASADENA PT. BLVD.
GULFPORT FL 33707

7. Name and Address of New Registered Agent
Name: CHRISTOPHER MILLER
Street Address (P.O. Box Number is Not Acceptable)
2460 NORTHSIDE DR. #405
City: CLEARWATER FL Zip Code: 33761

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: *Allen Miller* OWNER DATE: 4-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

| 9. MANAGING MEMBERS/MANAGERS | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, ALLEN 6318 PASADENA PT. BLVD. GULFPORT FL 33707 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, CHRISTOPHER 6318 PASADENA PT. BLVD. GULFPORT FL 33707 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 10. ADDITIONS/CHANGES | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm 2460 Northside Dr. #405 Clearwater, FL 33761 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Allen Miller* SIGNATURE REQUIRED DATE: 5-14-02 727 DAYTIME PHONE #: 536-9932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)