

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

* AMENDED *

DOCUMENT # P01000034096
1. Entity Name
SUPERIOR BRICK PAVER INSTALLATIONS INC

FILED
03 OCT -2 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14438 WATERLOO RD 14438 WATERLOO RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FL ODESSA FL
Zip 33556 Country USA Zip 33556 Country USA

4. FEI Number 59-3707753 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name FALBY, KENT
Street Address (PO. Box Number is Not Acceptable)
14438 WATERLOO RD
City ODESSA FL Zip Code 33556

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 Kent Falby DATE 09/28/03
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$100.00
After May 1 Fee is \$200.00
Amended UBR is \$41.85
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 NAME STREET ADDRESS CITY- ST- ZIP	D, P FALBY, KENT 14438 WATERLOO RD ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S, T FALBY, JENNIFER 14438 WATERLOO RD ODESSA FL 33556
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kent Falby DATE 09/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary's Phone #