## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P94000007846 DOCUMENT #

1. Entity Name

PAVEMENT MAINTENANCE, INC.



Principal Place of Business 899 HIGH COTTON LANE FT. MYFRS FL 33905

Mailing Address C/O RICHARD W. WINESETT POST OFFICE DRAWER 610

US			
He			

FILED	
Apr 23, 2003 8:00 a	am
Secretary of State	

04-23-2003 90060 033 \*\*\*150.00

11007018



<u> </u>		FI. MIEKS FL 33802	TERS FL 33902					
		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>	☐ CHECK HERE IF MAKII	NG CHANGES		
City & Stat	е	City & State			FE! Number <b>65-0461510</b>	Applied For Not Applicable		
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent	-	7. N	Name and Address of New Registere			
		<del></del>	Name					
WINESETT	, RICHARD W							
2248 FIRST ST.			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	S FL 33901							
I I. WILL	3 1 E 3030 1	•						
			City		F	Zip Code		
	ions of registered agent.				ent, or both, in the State of Florida. I at			
	Signature, typed or printed name of registered age	nt and title if applicable. (NOI	E: Registered Agent signature	required when re	enstating) DATE	<u> </u>		
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department				Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE			Change Addition		
NAME	SKABAR, RONALD O		NAME					
STREET ADDRESS \ City-St-Zip	TO7 SW 51ST TERRACE CAPE CORAL FL		STREET ADDRESS CITY+ST-ZIP					
TITLE .	V.	Delete	TITLE			Change Addition		
NAME STREET ADDRESS	SKABAR, NANCY G 107 SW 51 TERRACE		NAME STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP					
TITLE	074 2 0014212 00014	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change ☐ Addition		
NAME		. Delete	NAME			La ontango a canton		
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	,	☐ Delete	TITLE			☐ Change ☐ Addition		
NAME		Denote	NAME		•			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	<del></del>		Change Addition		
NAME		<del></del>	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					

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

W Skabar, President

334-6760