

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90810 040 \*\*\*150.00

0843471 AT

**DOCUMENT # S98040**



1. Entity Name  
**MACSWEENEY PAVING, INC.**

Principal Place of Business  
**612 FLA. BLVD.  
CRYSTAL BEACH FL 34681**

Mailing Address  
**PO BOX 911  
CRYSTAL BEACH FL 34681**

**10095511**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3100069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PERENICH, GREG 311 S MISSOURI AVE CLEARWATER FL 34616</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT MACSWEENEY, LEO A III 612 FLA BLVD. CRYSTAL BEACH FL 34681</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MACSWEENEY, PATRICIA KAY 612 FLA BLVD. CRYSTAL BEACH FL 34681</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HORSINGTON, WILLIAM 612 FLA BLVD. CRYSTAL BEACH FL 34681</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Y SIGNATURE REQUIRED **4/30/03** **727-786-2258**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


CR2E034 (10/02)

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Not Applicable

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**PERENICH, GREG  
311 S MISSOURI AVE  
CLEARWATER FL 34616**

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Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>MACSWEENEY, LEO A III</b>	
STREET ADDRESS	<b>612 FLA BLVD.</b>	
CITY-ST-ZIP	<b>CRYSTAL BEACH FL 34681</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MACSWEENEY, PATRICIA KAY</b>	
STREET ADDRESS	<b>612 FLA BLVD.</b>	
CITY-ST-ZIP	<b>CRYSTAL BEACH FL 34681</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HORSINGTON, WILLIAM</b>	
STREET ADDRESS	<b>612 FLA BLVD.</b>	
CITY-ST-ZIP	<b>CRYSTAL BEACH FL 34681</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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**SIGNATURE:** Leo A MacSweeney **4/30/03** **727-786-2258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)