2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90056 027 ***150.00

715623

DO NOT WRITE IN THIS SPACE

DOCUMENT # 497760

1. Entity Name
BILL MARIOTTI PAVING CO., INC.

Principal Place of Business	Mailing Address
4411 CLARK ROAD SARASOTA FL 34233	4411 CLARK ROAD SARASOTA FL 34233

2. Principal Place of Business		3. Mailing Address	
4559 Mariotti Court		4559 Mariotti Court	
Suite, Apt. #, etc.: Unit #1		Suite, Apt. #, etc.: Unit #1	
City & State: Sarasota, Fla		City & State: Sarasota, FL	
Zip: 34233	Country: USA	Zip: 34233	Country: USA

4. FEI Number 59-1664484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARIOTTI, WILLIAM J
4411 CLARK ROAD
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	MARIOTTI, WILLIAM J		NAME		
STREET ADDRESS	4411 CLARK ROAD		STREET ADDRESS	4559 Mariotti Ct. Unit #1	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	VTS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LORD, DEBORAH D.		NAME		
STREET ADDRESS	4411 CLARK ROAD		STREET ADDRESS	4559 Mariotti Ct. Unit #1	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres. Wm J. Mariotti 2/5/01 941)921-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #