

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 281702**

1. Entity Name

GULF PAVING COMPANY**FILED**
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90008 050 ***558.75

A0068951

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3460 METRO PARKWAY
FT. MYERS FL 33916
US**

Mailing Address

**GULF PAVING COMPANY
P.O. BOX 1584
FT. MYERS FL 33902-1584
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1052626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUSE, TIMOTHY
16 CARROTWOOD CT.
FT MYERS FL 33919**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
NAME **LAUSE, TIMOTHY B.**
STREET ADDRESS **16 CARROTWOOD CT**
CITY-ST-ZIP **FT MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **LAUSE, JOHN T**
STREET ADDRESS **18021 TRAVERSE DRIVE**
CITY-ST-ZIP **ALVA FL**TITLE ☒ Change ☐ Addition
NAME **Lause, John T.**
STREET ADDRESS **19680 N. River Road**
CITY-ST-ZIP **Alva, FL 33920**TITLE **CD** ☐ Delete
NAME **LAUSE, HOPE**
STREET ADDRESS **8693 PATTY BERG CT.**
CITY-ST-ZIP **ST. MYERS FL 33919**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **LAUSE, CAROLYN**
STREET ADDRESS **18021 TRAVERSE DRIVE**
CITY-ST-ZIP **ALVA, FL 00000**TITLE ☒ Change ☐ Addition
NAME **Lause, Carolyn**
STREET ADDRESS **19680 N. River Road**
CITY-ST-ZIP **Alva, FL 33920**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/00

941-334-3652