

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281702

1. Entity Name
GULF PAVING COMPANY

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90022 001 ***158.75

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

Zip

Country

Zip

Country

4. FEI Number 59-1052626

Applied For
Not Applicable

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAUSE, TIMOTHY B.
16 CARROTWOOD CT
FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAUSE, JOHN T
18021 TRAVERSE DRIVE
ALVA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Lause, John T.
19680 N. River Road
Alva, FL 33920 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LAUSE, HOPE
8693 PATTY BERG CT.
ST. MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LAUSE, CAROLYN
18021 TRAVERSE DRIVE
ALVA, FL 33920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Lause, Carolyn
19680 N. River Road
Alva, FL 33920 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

941-334-3652

0533729