

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 028 ***150.00

DOCUMENT # 418459

1. Entity Name

GARNER ASPHALT PAVING & SEALING CO., INC.

Principal Place of Business

Mailing Address

**LAZY LANE
 FL 33614**

**9400 LAZY LANE
 TAMPA FL 33614-1513**

2. Principal Place of Business

**115 1st Ave.S. W.
 Suite, Apt. #, etc.**

3. Mailing Address

**115 1st Ave S.W.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Lutz, Fl. 33549

Zip
33549

City & State

Lutz, Fl 33549

Zip
33549

4. FEI Number

59-1441960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARNER, RON
 9400 LAZY LANE
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Garner, Ron

Street Address (P.O. Box Number is Not Acceptable)

115 1st Ave/ S. W.

City

Lutz, Florida

FL

Zip Code
33549

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, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GARNER, RON	
STREET ADDRESS	9400 LAZY LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARNER, LENORE J	
STREET ADDRESS	1364 ECKLES DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARNER, LENORE	
STREET ADDRESS	1364 ECKLES DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARNER, RON	
STREET ADDRESS	9400 LAZY LANE	
CITY-ST-ZIP	TAMPA F 33614-1518	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garner, Ron	
STREET ADDRESS	115 1st Ave. S. W.	
CITY-ST-ZIP	Lutz, Fl 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garner, Ron	
STREET ADDRESS	115 st Ave S. W.	
CITY-ST-ZIP	Lutz, Fl 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

813-909-7691

Daytime Phone #