## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 468463** May 15, 2000 8:00 am Secretary of State 1. Entity Name GAINESVILLE PAVING, INC. 05-15-2000 90198 026 \*\*\*150.00 Principal Place of Business Mailing Address 5006 S.W. 41ST BLVD. 5006 S.W. 41ST BLVD. GAINESVILLE FLORIDA 32608 GAINESVILLE FLORIDA 32608-4929 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1589022 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN, HARRIS H. Street Address (P.O. Box Number is Not Acceptable) 5006 SW 41ST BLVD GAINESVILLE FL 32608 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition PD □ Delete TITLE TITLE NAME GREEN, HARRIS H. NAME STREET ADDRESS STREET ADDRESS 5006 SW 41ST BLVD CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL Change ☐ Addition ☐ Delete TITLE GREEN, JUNE J. NAME NAME STREET ADDRESS STREET ADDRESS 5006 SW 41ST BLVD CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

04-27-00 352-373-6685

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Daytime Phone #