

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90056 027 ***150.00

DOCUMENT # 497760

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

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

715623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4559 Mariotti Court **4559 Mariotti Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit #1 **Unit #1**

City & State City & State
SARASOTA, FLA **SARASOTA, FL**

4. FEI Number Applied For
59-1664484 Not Applicable

Zip Country Zip Country
34233 **USA** **34233** **USA**

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

MARIOTTI, WILLIAM J
4411 CLARK ROAD
SARASOTA FL 34233

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	<input type="checkbox"/> Delete
NAME	MARIOTTI, WILLIAM J	
STREET ADDRESS	4411 CLARK ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	LORD, DEBORAH D.	
STREET ADDRESS	4411 CLARK ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4559 Mariotti Ct. Unit #1	
STREET ADDRESS	SARASOTA, FL 34233	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4559 Mariotti Ct. Unit #1	
STREET ADDRESS	SARASOTA, FL 34233	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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: William J. Mariotti Pres. w.m.j. mariotti 2/5/01 941)921-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)