

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573131

1. Entity Name

STATEWIDE PAVING, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90062 001 \*\*\*150.00

Principal Place of Business  
PHILLIPS DAIRY ROAD  
PO BOX 552  
EAST PALATKA FL 32131

Mailing Address  
PHILLIPS DAIRY ROAD  
PO BOX 552  
EAST PALATKA FL 32131-0552

2. Principal Place of Business  
139 PHILLIPS DAIRY RD.

3. Mailing Address  
P.O. BOX 552

Suite, Apt. #, etc.

City & State  
PALATKA, FL. 32177

City & State  
EAST PALATKA, FL. 32131

Zip  
32177

Country  
PUTNAM

Zip  
32131

Country  
PUTNAM

4. FEI Number 59-1835168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BURKES, RAYMOND C.  
139 PHILLIPS DAIRY ROAD  
PALATKA FL 32177

7. Name and Address of New Registered Agent  
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKES, RAYMOND		NAME		
STREET ADDRESS	PHILLIPS DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKES, CAROL		NAME		
STREET ADDRESS	PHILLIPS DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKES, RANDALL C		NAME		
STREET ADDRESS	PHILLIPS DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carol Burkes CAROL BURKES STD 4-6-2000 904-328-1854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #