2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # 823871 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** STATE PAVING CORPORATION 03-04-2000 90054 010 ***158.75 Principal Place of Business Mailing Address 4293 N 21 AVE 1295 N 21 AVE HOLLYWOOD FL HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For Oity & State 4. FEI Number 23-1635137 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired uŚ 3020 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELKINS, HERBERT J. Street Address (P.O. Box Number is Not Acceptable) 4400 CASPER COURT HOLLYWOOD FL 33021 Zio Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. COBP ☐ Change ☐ Addition ☐ Delete TITLE TITLE elkins, herbert j NAME NAME STREET ADDRESS STREET ADDRESS 4400 CASPER CT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ELKINS, IONE NAME NAME STREET ADDRESS STREET ADDRESS 4400 CASPER CT HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE CREEN DONNA GREEN, DONNA NAME NAME 1295 N-21ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 term as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 in the state of the corporation or the receiver or trustee empowered to execute this term as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 in the state of the corporation or the receiver or trustee empowered to execute this term as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 in the state of the corporation or the receiver or trustee empowered to execute this term as a state of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the c

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that myname appears in Block 11 or Block 12 in 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