☐ Change

☐ Addition

FILED 2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F00000002876 DOCUMENT # 04-28-2003 91503 047 ***150.00 TAMPA PAVEMENT CONSTRUCTORS, INC. Principal Place of Business Mailing Address TANDOD934 306 E. BULLARD PARKWAY 306 E. BULLARD PARKWAY **TEMPLE TERRACE FL 33617** TEMPLE TERRACE FL 33617 2. Principal Place of Business 4206 National Guard ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3646099 Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent-SANTANA, ALBEN J Street Address (P.O. Box Number is Not Acceptable) 306 E. BULLARD PARKWAY **TEMPLE TERRACE FL 33617** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN/11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE SANTANA, ALBEN J NAME NAME 306 E. BULLARD PARKWAY STREET ADDRESS STREET ADDRESS **TEMPLE TERRACE FL 33617** CITY-ST-ZIP CITY-ST-ZIP TITLE VCST ☐ Delete TITLE National Guard Dr. Ste # 3 NAME HERNANDEZ, PEDRO M NAME 306 E. BULLARD PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-ZIP TITLĖ TITLE -- -Change - - Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME