

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00217**

1. Entity Name

PAVEX CORPORATION

Principal Place of Business

**101 SANSBURY WAY
PO BOX 15065
WEST PALM BEACH FL 33416**

Mailing Address

**101 SANSBURY WAY
PO BOX 15065
WEST PALM BEACH FL 33416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2028249**

Applied For

Not Applicable

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

**DEFREHN, JOHN A.
101 SANSBURY WAY
WEST PALM BEACH FL 33416**

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. (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	MD	<input type="checkbox"/> Delete
NAME	VECELLIO, LEO A JR	
STREET ADDRESS	771 VILLAGE RD	
CITY-ST-ZIP	N PALM BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	LANCANESE, JOHN L	
STREET ADDRESS	1200A SHILBURY CIR	
CITY-ST-ZIP	W PALM BEACH FL	

TITLE	ASST S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHELLGREN, JON D	
STREET ADDRESS	21380 SUMMERTRAC CR.	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	DEFREHN, JOHN A	
STREET ADDRESS	7 COMMANDERS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8645 AVE CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	

TITLE	AST	<input type="checkbox"/> Delete
NAME	GWINN, L.L.	
STREET ADDRESS	MABSCOTT, HILL ROAD	
CITY-ST-ZIP	BECKLEY, W. VA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AST	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN L.	
STREET ADDRESS	14142 GREENTREE DR.	
CITY-ST-ZIP	W PALM BCH FL	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A DEFREHN

Date

1/23/01

Daytime Phone #

561-793-9400

CR2E034 (10/00)

Attachment
DOC. # F00217
909385

GLENN MONEK - VP
8545 DORAL DRIVE
CLERMONT, FL 34711

BARRY STANLEY - VP
701 SW PINE TREE LANE
PALM CITY, FL 34990

ERBY CODY - VP
6350 N.W. 77th COURT
PARKLAND, FL 33067

DANTE CASTRODALE - VP
2251 ROBERT C. BRYD DR
BERKELEY, WV 25801

DON KEELING - ASST. SECRETARY
5935 CHAPS DRIVE
LAKELAND, FL 33813

KATHRYN VUOLLO - DIRECTOR
CHRISTOPHER VUOLLO - DIRECTOR
MICHAEL VUOLLO - DIRECTOR
771 VILLAGES ROAD
NORTH PALM BEACH, FLA 33408