

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90136 028 ***150.00

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1. Entity Name
PAVEMENT SAVERS, INC.



Principal Place of Business
**465 FORREST AVE., STE. 126
COCOA FL 32922**

Mailing Address
**PO BOX 1923
COCOA FL 32923**



2. Principal Place of Business
411 Shearer Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Cocoa, FL 32922

City & State

4. FEI Number **38-3402037**

Applied For
Not Applicable

Zip Country
32922 USA

Zip Country

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

6. Name and Address of Current Registered Agent

**O'CONNOR, PATRICK
465 FORREST AVE., STE. 126
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name
O'Connor, Patrick
Street Address (P.O. Box Number is Not Acceptable)
411 Shearer Blvd.
City
Cocoa **FL** Zip Code
32922

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CDST** ☐ Delete
NAME **SANDULA, PHILIP**
STREET ADDRESS **4460 BISHOP RD.**
CITY-ST-ZIP **DRYDEN MI 48428**

TITLE **P** ☐ Delete
NAME **O'CONNOR, PATRICK**
STREET ADDRESS **465 FORREST AVE., STE. 126**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **O'Connor, Patrick**
STREET ADDRESS **411 Shearer Blvd.**
CITY-ST-ZIP **Cocoa, FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick O'Connor

Date

Daytime Phone #

CR2E034 (10/02)