2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900004387 1. Entity Name

PAVEMENT TECHNIQUES, INC.

Principal Place of Business

Mailing Address

. BOX 7192 yahinia∺ GA	31418	P.O. BOX 7192 SAVANNAH GA 31418-7192								
Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & Stat	е	City & State			4.	FEI Number 58-2291415		Applied For Not Applicable		
Zip	Country Zip Cour			у	5.	Certificate of Status Desired		\$8.75 Add	itional	
	6. Name and Address of Current R	egistered Agent			7.1	Name and Address of New Re	gistered A	gent		
				Name					_	
	KWITH, J.D.		ļ	Street Address (P.O. Box Number is Not Acceptable)						
	4 mandarin road (Sonville FL 32223									
UACI	OUTVILL I E SEEES		-	City				Zip Code		
		<u></u>		City			FL		- 	
The above	named entity submits this statement for	the purpose of changing its	registered	d office or regis	tered ag	gent, or both, in the State of Flori	da.			
									-	
GNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature requ	red when r	reinstating)	DATE			
This seres	pration is eligible to satisfy its Intangible	Ell E NOW!	II FEE IS	S \$150 00						
•	equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00			0	 Election Campaign Fina Trust Fund Contribution. 	ncing	0.5\$ Added	May Be to Fees	
(See criter	ria on back)	Make Check Payab	le to De	partment of S						
١.	OFFICERS AND D	IRECTORS	12,		Α	DDITIONS/CHANGES TO OFFIC				
LE	C BAKED BODEOT D	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
me Reet address	Baker, Robert B 515 Bourne Avenue, Suite 1-A			ADDRESS					}	
Y-ST-ZIP	SAVANNAH GA 31418		CITY-S	1						
LE	VCP	☐ Delete	TITLE					☐ Change	Addition	
ME	BUNN, DANN		NAME						{	
REET ADDRESS	515 BOURNE AVENUE, SUITE 1-A	1	STREET CITY-S	ADDRESS						
IY-ST-ZIP	SAVANNAH GA 31418 DST		TITLE	51-211		<u> </u>		☐ Change	Addition	
ile Me	GRINER, RICHARD D	□ Detete	NAME	1				Onlinge		
REET ADDRESS	515 BOURNE AVENUE, SUITE 1-A	1	STREET	ADDRESS						
ry-st-zip	SAVANNAH GA 31418		CITY-5	ST-ZIP						
LE	V	☐ Delete	TITLE					☐ Change	☐ Addition	
ME REET ADORESS	MOODY, DERRYL		NAME	ADDRESS						
ree1 Address TY-ST-ZIP	515 BOURNE AVENUE, SUITE 1-A SAVANNAH GA 31418	1	CITY-S			·			,	
LE .	UNIVERSE OF STATE	☐ Delete	TITLE					☐ Change	Addition	
ME			NAME							
REET ADDRESS				ADDRESS						
ry-st-zip			CITY-S	SI-ZIP						
LE		☐ Delete	TITLE NAME					☐ Change	Addition (
ME			CTOCCO							

FILED Mar 04, 2000 8:00 am Secretary of State 03-04-2000 90097 001 ***150.00

TITLE	U	□ Delete	TITLE			Addition
NAME .	BAKER, ROBERT B		NAME			
STREET ADDRESS	515 BOURNE AVENUE, SUITE 1-A		STREET ADDRESS			ſ
CITY-ST-ZIP	SAVANNAH GA 31418		CITY-ST-ZIP		· -	
TITLE	VCP	☐ Delete	TITLE		Change	☐ Addition
NAME	_BUNN, DANN		NAME			}
STREET ADDRESS	515 BOURNE AVENUE, SUITE 1-A		STREET ADDRESS			j
CITY-ST-ZIP	SAVANNAH GA 31418		CITY-ST-ZIP			
TITLE	DST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GRINER, RICHARD D		NAME			í
STREET ADDRESS	515 BOURNE AVENUE, SUITE 1-A		STREET ADDRESS			
CITY-ST-ZIP	SAVANNAH GA 31418		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		Change	☐ Addition
NAME	MOODY, DERRYL		NAME			ì
STREET ADDRESS	515 BOURNE AVENUE, SUITE 1-A		STREET ADDRESS	·		,
CITY-ST-ZIP	SAVANNAH GA 31418		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME	•		NAME			į
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME			
Street address			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		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

Daytime Phone #