

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90069 006 \*\*\*150.00

**DOCUMENT # F99000004387**

1. Entity Name

**PAVEMENT TECHNIQUES, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 7192  
SAVANNAH GA 31418**

**P.O. BOX 7192  
SAVANNAH GA 31418**

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

**58-2291415**

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

**BECKWITH, J.D.  
13054 MANDARIN ROAD  
JACKSONVILLE FL 32223**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BAKER, ROBERT B</b> <b>515 BOURNE AVENUE, SUITE 1-A</b> <b>SAVANNAH GA 31418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCP</b> <b>BUNN, DANN</b> <b>515 BOURNE AVENUE, SUITE 1-A</b> <b>SAVANNAH GA 31418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GRINER, RICHARD D</b> <b>515 BOURNE AVENUE, SUITE 1-A</b> <b>SAVANNAH GA 31418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MOODY, DERRYL</b> <b>515 BOURNE AVENUE, SUITE 1-A</b> <b>SAVANNAH GA 31418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BAKER ROBERT B</b> <b>100 MORGAN INDUSTRIAL BLVD</b> <b>SAVANNAH GA 31408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUNN DANN</b> <b>100 MORGAN INDUSTRIAL BLVD</b> <b>SAVANNAH GA 31408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GRINER RICHARD D</b> <b>100 MORGAN INDUSTRIAL BLVD</b> <b>SAVANNAH GA 31408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MOODY DERRYL</b> <b>100 MORGAN INDUSTRIAL BLVD</b> <b>SAVANNAH GA 31408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DANIELS WILLIAM</b> <b>320 WATSON RD</b> <b>ST AUGUSTINE FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Richard D. Griner* **Richard D. Griner**

**11/14/01**

Date

**912 9646513**

Daytime Phone #

CR2E034 (10/00)