2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am DOCUMENT # G80043 **Secretary of State** 1. Entity Name DANA SITE DEVELOPMENT & PAVING INC. 02-12-2002 90096 018 ***150 00 Principal Place of Business Mailing Address 3408 17TH STR F 3408 17TH STR E PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2375894 Not Applicable Zip Country Country \$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 Name LOWE, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1111 3 AVE W **BRADENTON FL 34205** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition **NELSON, REX ALLEN** NAME NAME 15610 County Rd 675 2903 97TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH FL Parrish, Fl 34219 CITY-ST-ZIP **VDS** M Change TITLE ☐ Delete TITLE ☐ Addition CRONIN, DANA A. NAME NAME 15618 County Rd 675 STREET ADDRESS 809-12TH AVE., WEST STREET ADDRESS CITY-ST-ZIP RALMETTO-FL CITY-ST-7IP TITLE PD ☐ Delete TITLE X Change ☐ Addition NAME **NELSON, THERESA ANN** NAME 15610 County Rd 675 STREET ADDRESS 2003 97TH AVE E-STREET ADDRESS CITY-ST-ZIP PARRISH FL CITY-ST-ZIP Parrish Fl 34219 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 algorithm of the composition of the corporation of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Nelson / 18/0a

132·

FILED

Daytime Phone

CR2E034 (9/01)