

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25381

1. Entity Name

CENTRAL PAVERS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 042 ***150.00

Principal Place of Business

Mailing Address

CREATIVE DRIVE
SUITE A
LAKELAND FL 33813
US

PO BOX 7335
LAKELAND FL 33807-7335
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2696309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTIN, JOSEPH A.
5905 COVEVIEW DRIVE W
LAKELAND FL 33813

Name Joseph A. Martin
Street Address (P.O. Box Number is Not Acceptable)

4118 Cobblestone Drive
City Lakeland FL 33813 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, 2000 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 DP ☐ Delete
NAME MARTIN, JOSEPH A.
STREET ADDRESS 5905 COVEVIEW DRIVE WEST
CITY-ST-ZIP LAKELAND FL

TITLE President ☒ Change ☐ Addition
NAME Joseph A. Martin
STREET ADDRESS 4118 Cobblestone Dr.
CITY-ST-ZIP Lakeland, FL 33813

TITLE ST ☐ Delete
NAME MARTIN, BRENDA H.
STREET ADDRESS 5905 COVEVIEW DRIVE WEST
CITY-ST-ZIP LAKELAND FL

TITLE Sec. Treas. ☒ Change ☐ Addition
NAME Brenda H. Martin
STREET ADDRESS 4118 Cobblestone Dr.
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 Joseph A. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

Date

863/644-7099

Daytime Phone #

CR2E034 (9/99)