

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90186 010 \*\*\*150.00

DOCUMENT # J25381

1. Entity Name  
CENTRAL PAVERS, INC.

Principal Place of Business

825 CREATIVE DRIVE  
SUITE A  
LAKELAND FL 33813  
US

Mailing Address

PO BOX 7335  
LAKELAND FL 33807  
US

2. Principal Place of Business

3237 Hwy 98 South  
Suite, Apt. #, etc.

3. Mailing Address

Same As Above  
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number 59-2696309

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33803

Country

USA

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

6. Name and Address of Current Registered Agent

MARTIN, JOSEPH A.  
4118 COBBLESTONE DRIVE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

TITLE DP  
NAME MARTIN, JOSEPH A.  
STREET ADDRESS 4118 COBBLESTONE DR  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE ST  
NAME MARTIN, BRENDA H.  
STREET ADDRESS 4118 COBBLESTONE DR  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~  
NAME ~~JOSEPH A. MARTIN~~  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
OK AS IS

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

863/668-7171

Daytime Phone #

CR2E034 (10/00)