

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26606

1. Entity Name
PERFECT PAVERS, INC.Principal Place of Business
528 NW 1ST AVE
FT. LAUDERDALE FL 33301
USMailing Address
528 NW 1ST AVEFT. LAUDERDALE FL 33301
US2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
65-0061018Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, PATRICIA L
990 NE 27TH AVE
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

831 S.E. 13 CT.

City POMPANO BEACH FL Zip Code 33060

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 *Patricia V. White*

Signature, typed or printed name of registered agent and title if applicable

45-02

DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME WHITE, PATRICIA L.
STREET ADDRESS 990 NE 27TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33062 DeleteTITLE V
NAME LEWIS, JOHN C.
STREET ADDRESS 990 NE 27TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33062 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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: *Patricia V. White Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45-02 954-779-1188

Daytime Phone #

0303126 AV

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90071 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)