

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46207

1. Entity Name

PAVERMODULE OF FLORIDA, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90421 007 ***158.75

Principal Place of Business

Mailing Address

1590 N ANDREWS AVE EXT
POMPANO BEACH FL 33069

1590 N ANDREWS AVE EXT
POMPANO BEACH FL 33069-1735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1632538

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

CHATELLIER, RICHARD P.
1590 N ANDREWS AVE EXT
POMPANO BEACH FL 33069

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
GRAVEL, GUY
1361 SOUTH OCEAN BLVD., #407
POMPANO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GRAVEL, GUY
1361 SOUTH OCEAN BLVD #407
POMPANO BEACH, FL 33062-7160

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CHATELLIER, RICHARD P.
4010 BAYVIEW DRIVE
FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELMORE, GEORGE
2350 SOUTH CONGRESS AVENUE
DELRAY BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMEL, FERNANDO
265 CHEMIN ST - BERNARO
MONT-TREMBLANT-QUEBEC J0T1Z0

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PARKS, CHARLES G.
891 SAGE AVENUE
WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PARKS, CHARLES G
891 SAGE AVE
WEST PALM BEACH FL 33414-8210

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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: Charles G Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 954-972-7400
Date Daytime Phone #