

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90134 009 \*\*\*158.75

**DOCUMENT # K46213**

1. Entity Name

**PAVERMODULE, INC.**

Principal Place of Business

1590 N ANDREWS AVE EXT  
 POMPAÑO BEACH FL 33069

Mailing Address

1590 N ANDREWS AVE EXT  
 POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**98-0099826**

Applied For  
 Not Applicable

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**  
**POPANO 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	<b>GRAVEL, GUY</b> 1361 SOUTH OCEAN BLVD., #407 POMPAÑO BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV <input type="checkbox"/> Delete	<b>CHATELLIER, RICHARD P.</b> 4010 BAYVIEW DRIVE FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DV</b> <b>CHATELLIER, RICHARD P.</b> 3610 BAYVIEW DRIVE FT LAUDERDALE, FL 33308
D <input type="checkbox"/> Delete	<b>ELMORE, GEORGE</b> 2350 SOUTH CONGRESS AVENUE DELRAY BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	<b>HAMEL, FERNANDO</b> 265 CHEMIN ST - BERNARD MONT-TREMBLANT-QUEBEC J0T1Z0	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DST <input type="checkbox"/> Delete	<b>PARKS, CHARLES G</b> 891 SAGE AVENUE WEST PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *x Charles M. Park*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

954-972-7400

Daytime Phone #

CR2E034 (10/00)