2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000538

U.S. PAVERSCAPE, LLC



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90061 003 ****50.00

	,									
Principal Place of Business		Mailing Address								
9545 RANGELINE ROAD FT. PIERCE FL 34987		9545 RANGELINE ROAD FT. PIERCE FL 34987				~~~		. •		
2. Principal P	lace of Business	3. Mailing Address								
			Out And House							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Num	00 0007700			pplied For lot Applicable	}
Zip Country		Zip		5. Certificate of Status Desired \$5.00 Additional Fee Required						
	6. Name and Address of Current	Registered Agent			7. Name ar	nd Address of New Regis	stered Ag	ent		1
ΡΔΙ	ILDING, RÂY			Name						i
9545 RANGELINE ROAD				Street Address (P.O. Box Number is Not Acceptable)						1
FI.	PIERCE FL 34987]
				City			FL	Zip Cod	de	1.
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its r	registered	office or register	ed agent, or b	ooth, in the State of Florida	. I am far	nillar with,	, and accept	1
SIGNATURE _	Signature, typed or printed name of registered agent	ALOTE ALOTE	0. 1444	gent signature required			DATE			
	Signature, typed or printed hame or registered agent i				when reinstaurig)		DAIL			1
		Make Check Payable		E IS \$50.00 ida Denartmei	nt of State					ļ
			By May		in or other					
9.	MANAGING MEMBE	RS/MANAGERS	MANAGERS 10.			ADDITIONS/CH.	ÁNGES			1
TITLE	MGR	☐ Delete	TITLE					Change	Addition	(10/02)
NAME	PAULDING, RAY		NAME	1000000						
STREET ADDRESS CITY-ST-ZIP	9545 RANGELINE ROAD FT. PIERCE FL 34987		CITY-ST	ADDRESS F-ZIP						200
TITLE	FI. FIENCE FL 34307	☐ Delete	TITLE				Г	Change	Addition	8
NAME			NAME				_			۲
STREET ADDRESS				ADDRESS						}
CITY-ST-ZIP			CITY-ST	- ZIP				-		┨
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NAME		•.	NAME	4DDDC00						
STREET ADDRESS CITY-ST-ZIP			STREET A	ADDRESS -7IP						ĺ
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as equired by Chapter 608, Florida Statutes.

SIGNATURE:

(772)460-1919