

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 043 ****50.00

DOCUMENT # L00000007659

1. Entity Name

CENTRAL FLORIDA PAVERS, LLC

Principal Place of Business

**665 4TH STREET
 VERO BEACH FL 32962**

Mailing Address

**665 4TH STREET
 VERO BEACH FL 32962**

2. Principal Place of Business

37249 Myrtle Dr

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1285

Suite, Apt. #, etc.

City & State

Umatilla FL

Zip

32784

Country

US

City & State

Umatilla FL

Zip

32784

Country

U.S.

4. FEI Number

05-1022201

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, KEN
 725 21ST STREET S.W.
 VERO BEACH FL 32962**

7. Name and Address of New Registered Agent

Name **Ken Shields**

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

37249 Myrtle Dr.

City

Umatilla

FL

Zip Code

32784

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 **Ken Shields Owner**

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete
 NAME **SHIELDS, KEN**
 STREET ADDRESS **725 21ST ST., SW**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☒ Delete
 NAME **SHIELDS, SANDY**
 STREET ADDRESS **725 21ST ST., SW**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Ken Shields** ☒ Change ☐ Addition
 NAME **37249 Myrtle Dr.**
 STREET ADDRESS **Umatilla, FL 32784**
 CITY-ST-ZIP

TITLE **Delete** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 required by Chapter 608, Florida Statutes.

SIGNATURE: **Ken Shields**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/02 806-674-8573

0027981

CR2E083 (9/01)