

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008078

1. Entity Name
ACTION PAVING OF CLARK COUNTY, LLC

Principal Place of Business

209 N. SEACREST BLVD
BOYNTON BEACH FL 33435

Mailing Address

209 N. SEACREST BLVD
BOYNTON BEACH FL 33435

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

65-1020632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BEACH FL 33435

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

FILE NUMBER FEE IS \$50.00
Make Check Payable to Department of State

100004274791-4
-05/21/01--01183--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS SHILOH MICKELSON
CITY-ST-ZIP 1060 JEFFES ROAD
WEST PALM BEACH, FL 33411 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS SHILOH MICKELSON
CITY-ST-ZIP 1060 JEFFES ROAD
WEST PALM BEACH FL 33411 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-01

0015052 AF

CR2E083 (11/00)

FILED

01 APR 27 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE