

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90001 029 \*\*\*\*50.00

**DOCUMENT # L01000018802**

1. Entity Name

**SEMINGTON PAVERS, L.L.C.**



Principal Place of Business

**12801 S. BELCHER RD.  
LARGO FL 33773**

Mailing Address

**12801 S. BELCHER RD.  
LARGO FL 33773**

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 **06-1634562**

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

**MILLER, CHRISTOPHER  
2460 NORTHSIDE DR. #405  
CLEARWATER FL 33761**

Name

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

**226 ARBOR WOODS CIRCLE**

City **OLDSMAR**

FL

Zip Code **34677**

*NEW ADDRESS*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher Miller* **CHRISTOPHER MILLER**

**1-7-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MILLER, ALLEN</b>									
	<b>6318 PASADENA PT. BLVD.</b>									
	<b>GULFPORT FL 33707</b>									
	<b>MGR</b>			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MILLER, CHRISTOPHER</b>									
	<b>2460 NORTHSIDE DR. #405</b>									
	<b>CLEARWATER FL 33761</b>									
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Christopher Miller* **CHRISTOPHER MILLER**

**1-7-03**

**(727) 536-9932**

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

Date

Daytime Phone #

CR2E083 (10/02)