

2003 LIMITED LIABILITY COMPANY
UNIFORM INITIAL REPORT

DOCUMENT# L02000000532

1. Entity Name
H.I.P. HOT-IN-PLACE PAVING, L.L.C.



Principal Place of Business
1602 10TH STREET NORTH SOUTH
SAFETY HARBOR FL 34695

Mailing Address
1602 10TH STREET NORTH
SAFETY HARBOR FL 34695

2. Principal Place of Business
SAFETY HARBOR, FL
Suite, Apt. #, etc.
1602 10th ST SOUTH

3. Mailing Address
1602 10th ST SOUTH
Suite, Apt. #, etc.

City & State
SAFETY HARBOR FL

City & State
SAFETY HARBOR, FL

Zip Country
34695 USA

Zip Country
34695 USA

2003 OCT 23 PM 12: 32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0544628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MANAGING MEMBER
FRANK CRUPI
STREET ADDRESS
2845 SEABREEZE DRIVE
CITY-ST-ZIP
GULFPORT, FL 33707

TITLE NAME ☐ Delete
TREASURER
DEBRA CRUPI
STREET ADDRESS
2845 SEABREEZE DRIVE
CITY-ST-ZIP
GULFPORT, FL 33707

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
600024049806
10/23/03--01056--001 **150.00

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: SIGNATURE REQUIRED

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

Date Daytime Phone #

10/9/03 727-791-7699

0026276

FP

CR2E083 (4/03)

REINSTATEMENT 2003