

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58237

1. Entity Name

THE PAVING STONE CO.

FILED

00 SEP -8 PM 3:26

Principal Place of Business

1840 NW 33RD ST.
1760 NW 22 CT
POMPANO BEACH FL 33069
US

Mailing Address

1840 NW 33RD STREET
1760 NW 22 CT
POMPANO BEACH FL 33069
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1760 NW 22 COURT

3. Mailing Address

1760 NW 22 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0184886

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIGOUIN, MAURICE F.
1840 N.W. 33RD STREET, SUITE 104
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

1760 NW 22 COURT

City

POMPANO BEACH

FL

Zip Code

33069

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS SIGOUIN, MAURICE F.
CITY-ST-ZIP 1760 NW 22ND COURT
POMPANO BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SIGOUIN, MAURICE F.
CITY-ST-ZIP 1760 NW 22ND COURT
POMPANO BEACH FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300003391413--3
STREET ADDRESS -09/13/00--01047--003
CITY-ST-ZIP ***1789.25 ***558.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS FF \$550
CITY-ST-ZIP QUS 8.75

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

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE F. SIGOUIN

9/5/00 (954) 971-3035

Daytime Phone #