

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90093 029 \*\*\*\*50.00

**DOCUMENT # L98000001927**

1. Entity Name  
**KEYSTONE PAVERS, L.C.**

Principal Place of Business

**315 NESBIT  
PUNTA GORDA FL 33951**

Mailing Address

**P.O. BOX 511928  
PUNTA GORDA FL 33951**

2. Principal Place of Business

**134 EAST MCKENZIE ST.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 511928**

Suite, Apt. #, etc.

City & State  
**PUNTA GORDA, FL**

City & State  
**PUNTA GORDA, FL**

Zip  
**33951**

Country  
**USA**

Zip  
**33951**

Country  
**USA**

4. FEI Number **65-0868251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALDRICH, SHERWOOD  
18170 LAKE WORTH BLVD  
PORT CHARLOTTE FL 33948**

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.

SIGNATURE

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGRM** ☐ Delete  
NAME  
**ALDRICH, SHERWOOD E**  
STREET ADDRESS  
**18170 LAKE WORTH BLVD.**  
CITY-ST-ZIP  
**PORT CHARLOTTE FL 33948**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
**VICE PRESIDENT** ☐ Change ☒ Addition  
NAME  
**DONALD FRASER, JR.**  
STREET ADDRESS  
**19009 BARTOW BLVD.**  
CITY-ST-ZIP  
**FORT MYERS, FL 33912**

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: **Donald Fraser**

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

**02/22/02 941-505-8606**

Date

Daytime Phone #

CR2E083 (9/01)