2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # M34022 BROWN'S PAVING COMPANY, INC. 03-21-2001 90014 027 ***158.75 Mailing Address Principal Place of Business C/O LILLIE BROWN C/O LILLIE BROWN 3820 S.W. 25TH STREET 3820 S.W. 25TH STREET R0020974 WEST HOLLYWOOD FL 33023-4402 WEST HOLLYWOOD FL 33023-4402 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2701151 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, LILLIE Street Address (P.O. Box Number is Not Acceptable) 3820 S.W. 25TH STREET WEST HOLLYWOOD FL 33023 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME **BROWN, JOHN** STREET ADDRESS STREET ADDRESS 3820 SW 25 ST CITY-ST-ZIP CITY-ST-7IP W. HOLLYWOOD FL ☐ Change ☐ Addition Delete TITLE TITLE BROWN, LILLIE NAME NAME STREET ADDRESS STREET ADDRESS 3820 SW 25 ST CITY-ST-ZIP CITY-ST-ZIP W. HOLLYWOOD FL ☐ Addition Change ☐ Delete TITLE NAME NAME BROWN, JOHN JR STREET ADDRESS STREET ADDRESS 5021 SW 24TH ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 ith an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

954-983-0077

Daytime Phone #