

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90138 033 ****61.25

0018308

DOCUMENT # N02000009193

1. Entity Name
ST. CLOUD PAVEMENT POUNDERS, INC.



Principal Place of Business Mailing Address
**ST. CLOUD CIVIC CENTER, 17TH STREET
ST. CLOUD FL 34770**

2. Principal Place of Business 3. Mailing Address
P.O. Box 700836 P.O. Box 700836

City & State City & State 4. FEI Number Applied For
ST. CLOUD FL ST. CLOUD, FL Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34770 OSCEOLA 34770 OSCEOLA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
**SNYDER, MICHAEL D
1437 KINGSTON WAY
KISSIMMEE FL 34774**
Name **SNYDER, MICHAEL D**
Street Address (P.O. Box Number is Not Acceptable)
4912 ZION DRIVE
City **ST. CLOUD FL** Zip Code **34774**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, MICHAEL D 1437 KINGSTON WAY KISSIMMEE FL 34774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, MICHAEL D. 4912 ZION DRIVE ST. CLOUD, FL 34774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNETTE-SNYDER, DAYCI 1437 KINGSTON WAY KISSIMMEE FL 34774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BURNETTE-SNYDER, DAYCI 4912 ZION DRIVE ST. CLOUD, FL 34774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTING MANAGER NYROS, JOSHUA 722 COUNTRY WOODS CIRCLE KISSIMMEE, FL 34774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **8-31-03** **407-791-3296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)