

**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

**ST. CLOUD CIVIC CENTER, 17TH STREET
ST. CLOUD FL 34770**

Mailing Address

**ST. CLOUD CIVIC CENTER, 17TH STREET
ST. CLOUD FL 34770**

2. Principal Place of Business

P.O. Box 700836

3. Mailing Address

P.O. Box 700836

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

ST. CLOUD FL

City & State

ST. CLOUD, FL

4. FEI Number

Applied For

Not Applicable

Zip

34770

Country

OSCEOLA

Zip

34770

Country

OSCEOLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, MICHAEL D
1437 KINGSTON WAY
KISSIMMEE FL 34774**

7. Name and Address of New Registered Agent

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 _____

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 Delete
P SNYDER, MICHAEL D
STREET ADDRESS **1437 KINGSTON WAY**
CITY-ST-ZIP **KISSIMMEE FL 34774**

TITLE NAME Change Addition
P SNYDER, MICHAEL D.
STREET ADDRESS **4912 ZION DRIVE**
CITY-ST-ZIP **ST. CLOUD, FL 34774**

TITLE NAME Delete
S BURNETTE-SNYDER, DAYCI
STREET ADDRESS **1437 KINGSTON WAY**
CITY-ST-ZIP **KISSIMMEE FL 34774**

TITLE NAME Change Addition
V.P. BURNETTE-SNYDER, DAYCI
STREET ADDRESS **4912 ZION DRIVE**
CITY-ST-ZIP **ST. CLOUD, FL 34774**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
DIRECTING MANAGER NYROS, JOSHUA
STREET ADDRESS **722 COUNTRY WOODS CIRCLE**
CITY-ST-ZIP **KISSIMMEE, FL 34774**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-03 **407-791-3296**
Date Daytime Phone #

CR2E037 (4/03)