2004 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATUR

AND

TYPED OR PRIN

May 04, 2004 8:00 am DOCUMENT# **P00000027882** Secretary of State 1. Entity Name 05-04-2004 90201 044 ***150.00 PAVER BRICK, INC. Principal Place of Business 3765 WINKLER AVE # 726 3765 WINKLER AVE # 726 24068557 FT. MYERS FL 33916 2. Principal Place of Business 3. Mailing Address 903 APPLE AVENUE 903 APPLE AVENUE Suite Apt.#, etc, Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & Stale City & Stale **LEHIGH ACRES, FL LEHIGH ACRES, FL** 65-9708848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33971 USA Fee Required 33971 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAX HOUSE CORPORATION TAX HOUSE CORPORATION Street Address (P.0. Box Number is Not Acceptable) 11601 S CLEVELAND AVE # 6 3929 N. FEDERAL HWY. POMPANA BEACH FL 33064 33907 **FORT MYERS** As registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for he purpose of changing SIGNATURE (NOTE:Registere Agent signature required when reinstating) Signature, typed or printed name of register FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2004 Fee will be \$550.00 Trust Fund Contribution. []Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. l11. TITLE Addition TITLE PTD Delete NAME ROCHA, SANDRO F NAME STREET ADDRESS 1417-3 DEL PRADO BLVD., #443 STREET ADDRESS CITY- ST- ZIF CITY-ST-ZIP **CAPE CORAL FL 33990** Delete Change Addition DILE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIF CITY-ST-ZIP Change Addition TITLE Delete FITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Delete TITLE Change Addition TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other time the empowered.

FILED

04/23/04

(239) 229-1886