

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90012 010 \*\*\*550.00

**DOCUMENT # P00000040196**

1. Entity Name  
**PAVEMENT PRESERVATION, INC.**

Principal Place of Business

**1209 VENTANA DR.  
 RUSKIN FL 33573**

Mailing Address

**1209 VENTANA DR.  
 RUSKIN FL 33573**

**771791**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**701 US HWY 41**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 865**

Suite, Apt. #, etc.

City & State

**RUSKIN FL**

City & State

**RUSKIN FL**

4. FEI Number

**59-3644197**

Applied For

Not Applicable

Zip

**33570**

Country

**USA**

Zip

**33570**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, MICHAEL R  
 1209 VENTANA DR.  
 RUSKIN FL 33573**

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

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MONTGOMERY, MICHAEL R</b>	
STREET ADDRESS	<b>1209 VENTANA DR.</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33573</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DARA M. ALEXANDER</b>	
STREET ADDRESS	<b>1405 VENTANA DR.</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33573</b>	

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>A.C. MONTGOMERY</b>	
STREET ADDRESS	<b>911 GOLFVIEW WOODS DR.</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33573</b>	

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THERESA MONTGOMERY</b>	
STREET ADDRESS	<b>911 GOLFVIEW WOODS DR.</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33573</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 and 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 with an address, with all other like empowered

SIGNATURE: Sara M. Alexander  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01 813 641 7350  
 Date Daytime Phone #

CRE034 (10/00)