

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048350

1. Entity Name
ELITE BRICK PAVERS & CASTSTONE, INC.

Principal Place of Business Mailing Address
934 ALEXANDRIA PLACE 934 ALEXANDRIA PLACE
LAKE WORTH FL 33463 LAKE WORTH FL 33463

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 4909 GEORGIA AVE.

City & State City & State
Zip 33405 Country PALM BEACH

4. FEI Number 65-1021577 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, ROBERT L
934 ALEXANDRIA PLACE
LAKE WORTH FL 33463

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT L	
STREET ADDRESS	934 ALEXANDRIA PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 with an address, with all other like empowered.

SIGNATURE: ROBERT L SWANSON President 1-6-02 561-547-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90004 036 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)