

FILED

Sep 10, 2001 8:00 am  
Secretary of State

08-29-2001 90004 018 \*\*\*550.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053199

1. Entity Name

FLORIDA PAVERS, INC.

Principal Place of Business

5048 ENSIGN LOOP  
NEW PORT RICHEY FL 34652-4411

Mailing Address

5048 ENSIGN LOOP  
NEW PORT RICHEY FL 34652-4411

2. Principal Place of Business

4339 Buena Vista, Ia

3. Mailing Address

Suite, Apt. #, etc. SAME

DO NOT WRITE IN THIS SPACE

City &amp; State

Holiday Florida

City &amp; State

SAME

Zip

34691

Country

USA

Zip

34691

Country

USA

4. FEI Number

59 306 1029

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, THOMAS H  
5048 ENSIGN LOOP  
NEW PORT RICHEY FL 34652-4411

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

(NOTE: 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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROWN, THOMAS H  
STREET ADDRESS 5048 ENSIGN LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL 34652-4411 ☐ DeleteTITLE D  
NAME BROWN, MOLLY A  
STREET ADDRESS 5048 ENSIGN LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL 34652-4411 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

Date

727-943 9739

Daytime Phone #

CR2E034 (5/01)