

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90134 030 \*\*\*150.00

**DOCUMENT # P00000099571**

**1. Entity Name**  
**PAVER CITY WEST FLORIDA, INC.**



**Principal Place of Business**  
**17113 RAINBOW TERRACE**  
**ODESSA FL 33556**

**Mailing Address**  
**17113 RAINBOW TERRACE**  
**ODESSA FL 33556**



**2. Principal Place of Business**

**11441 Perpetual Dr.**  
**Suite, Apt. #, etc.**

**N/A**

**City & State**  
**Odessa, FL**

**Zip**  
**33556**

**Country**  
**USA**

**3. Mailing Address**

**11441 Perpetual Dr.**  
**Suite, Apt. #, etc.**

**City & State**  
**Odessa, FL**

**Zip**  
**33556**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **59-3676433**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BULLARD, TIMOTHY F**  
**5324 LAND O'LAKES BLVD**  
**LAND O LAKES FL 34639**

**7. Name and Address of New Registered Agent**

**Name** **Dawies & Kerr Consulting INC**  
**Street Address (P.O. Box Number is Not Acceptable)**

**3217 Hoedt Rd**

**City** **Tampa**

**FL**

**Zip Code**

**33618**

**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** **Cynthia Kerr - President**

**1-9-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **BRITO-SULLIVAN, LETICIA**  
**STREET ADDRESS** **17113 RAINBOW TERRACE**  
**CITY-ST-ZIP** **ODESSA FL 33556**

**TITLE** **D** ☐ **Delete**  
**NAME** **SULLIVAN, JASON D**  
**STREET ADDRESS** **17113 RAINBOW TERRACE**  
**CITY-ST-ZIP** **ODESSA FL 33556**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.**

**SIGNATURE:** **SIGNATURE OF Leticia Sullivan**

**1-9-03**

**7273757616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)