

2001 UNIFORM BUSINESS REPORT.(UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

DOCUMENT # P0000103112

05-22-2001 90028 021 ***158.75

1. Entity Name
CMD PAVING CORP.

Principal Place of Business
2180 MAIN STREET
SARASOTA FL 34237
914 State Road 84
Ft. Lauderdale, Fla
33315

Mailing Address
2180 MAIN STREET
SARASOTA FL 34237
914 State Road 84
Ft. Lauderdale
Fla 33315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
914 State Road 84

3. Mailing Address
914 State Road 84

Suite, Apt. #, etc.

City & State
Ft. Lauderdale

City & State
Ft. Lauderdale

Zip
33315

Country
FL

4. FEI Number
65-1052418

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAENSCH, P. CHRISTOPHER 2180 MAIN STREET SARASOTA FL 34237		Name Michael Krause Street Address (P.O. Box Number is Not Acceptable) 914 State Road 84 Ft. Lauderdale, Fla 33315 City Ft. Lauderdale FL Zip Code 33315	

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 **03/27/01**

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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-	
TITLE D	KRAUSE, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KRAUSE, MICHAEL		NAME Krause, Michael	
STREET ADDRESS 3401 BONITA BEACH ROAD		STREET ADDRESS 914 State Road 84	
CITY-ST-ZIP BONITA SPRINGS FL 34134		CITY-ST-ZIP Ft. Lauderdale Fla 33315	
TITLE Delete <input type="checkbox"/>		TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Delete <input type="checkbox"/>		NAME Krause, Constance	
STREET ADDRESS Delete <input type="checkbox"/>		STREET ADDRESS 914 State Road 84	
CITY-ST-ZIP Delete <input type="checkbox"/>		CITY-ST-ZIP Ft. Lauderdale	
TITLE Delete <input type="checkbox"/>		TITLE Delete <input type="checkbox"/>	
NAME Delete <input type="checkbox"/>		NAME Delete <input type="checkbox"/>	
STREET ADDRESS Delete <input type="checkbox"/>		STREET ADDRESS Delete <input type="checkbox"/>	
CITY-ST-ZIP Delete <input type="checkbox"/>		CITY-ST-ZIP Delete <input type="checkbox"/>	

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: **03/27/01** **954 632 5525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)