

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 91163 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013463

1. Entity Name

PAVE-A-WAYS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8540 BARDMOOR PLACE

Suite, Apt. #, etc.

3. Mailing Address

8540 BARDMOOR PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

30-0058810

Applied For

Not Applicable

Zip

33777

Country

Zip

33777

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EMMA MARIE THOMAS

Street Address (P.O. Box Number is Not Acceptable)

8540 BARDMOOR PLACE

City

LARGO

FL

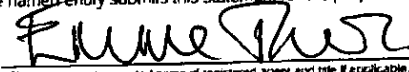
Zip Code

33777

DO NOT WRITE
IN THIS SPACE

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 transferring)

DATE

6/6/02

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	EMMA MARIE THOMAS 8540 BARDMOOR PLACE LARGO, FL 33777
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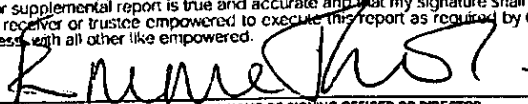
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DATE

Daytime Phone #

4.29.02 (727) 5355335

CR2E034B (12/01)