

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90003 018 ***150.00

DOCUMENT # P01000041652

1. Entity Name
SIGNATURE DESIGN PAVING CORPORATION

Principal Place of Business
3307 SOUTH KIRKMAN ROAD #127
ORLANDO FL 32811

Mailing Address
3307 SOUTH KIRKMAN ROAD #127
ORLANDO FL 32811

2. Principal Place of Business
3512 Beau Drive
Suite, Apt. #, etc. CHEVE

3. Mailing Address
3512 Beau chene Drive
Suite, Apt. #, etc.

City & State
Kissimmee

City & State
FLA

4. FEI Number
04-3606545

Applied For
Not Applicable

Zip
34746

Country
USA

Zip

Country

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

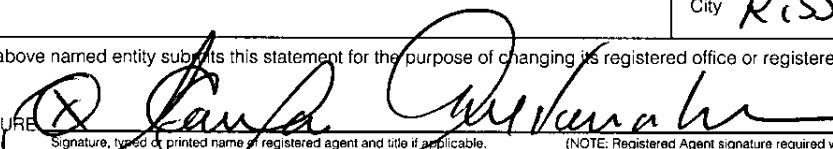
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALDONADO, PAULA
3307 SOUTH KIRKMAN ROAD #127
ORLANDO FL 32811

Name **PAULA MALDONADO**
Street Address (P.O. Box Number is Not Acceptable)
3512 Beau chene Drive
City **Kissimmee** **FL** **Zip Code** **34746**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MALDONADO, PAULA	
STREET ADDRESS	3307 SOUTH KIRKMAN ROAD #127	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	DA SILVA, CARLOS R	
STREET ADDRESS	3307 SOUTH KIRKMAN ROAD #127	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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STREET ADDRESS	
CITY-ST-ZIP	
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 807, 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

2/27/02 **407-325-0186**
 Date Daytime Phone #

CR2E034 (9/01)