

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-02-2002 90052 031 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000079792

1. Entity Name  
FIRST COAST PAVERS, INC.

**DO NOT WRITE IN THIS SPACE**

33081

2. Principal Place of Business  
7800 PONTE MEADOWS DR  
Suite, Apt. #, etc.  
SUITE 1217  
City & State  
JACKSONVILLE, FL  
Zip 32256 Country U.S.

3. Mailing Address  
7800 PONTE MEADOWS DR  
Suite, Apt. #, etc.  
SUITE 1217  
City & State  
JACKSONVILLE, FL  
Zip 32256 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3737177  
Applied For  
Not Applicable

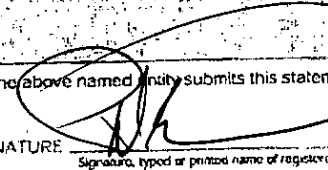
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name BROSNAN, PATRICIA  
Street Address (P.O. Box Number is Not Acceptable)  
417 ST. JOHNS AVE.  
City PALATKA FL Zip Code 32177

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  Patricia D. Brosnan, Attorney

(NOTE: Registered Agent signature required when relocating)

DATE 5/16/02

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 \$61.25  
Make Check Payable to Department of State

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

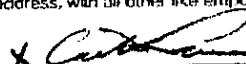
**11. OFFICERS AND DIRECTORS**

|                                                |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D P<br>LEWIS, CURTIS<br>2854 CIRCUMBOLE BLVD<br>LAKE PALM BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
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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)(b), 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 on an attachment with an address, with all other like empowered

SIGNATURE:  CURTIS LEWIS, Director

4/23/02

561-683-5225