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2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # P01000086575 **Secretary of State** 1. Entity Name 03-14-2002 90032 049 ***150 00 FLORIDA INTERLOCKING PAVING, INC. Principal Place of Business Mailing Address 6849 13TH STREET NORTH 6849 13TH STREET NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- 7.- Name and Address of New Registered Agent Name DEROSIER, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 684 13TH STREET NORTH ST. PETERSBURG FL 33702 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (9/01 TITLE Delete TITLE Change DEROSIER, DENNIS G NAME NAME STREET ADDRESS STREET ADDRESS 6849 13TH STREET NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33702 Change Change TITLE ☐ Delete TITLE ■ Addition DELIMA, IROS P 12001 BEICHER ROAD APT. 0239 NAME DELIMA, IROS P NAME STREET ADDRESS STREET ADDRESS 500 BELCHER ROAD APT, 54 CITY-ST-ZIP CITY-ST-ZIP ACGO, FL. 33773 LARGO FL 33771 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if