


06-20-2003 90029 035 ***160.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041001 (L) 

1. Entity Name
A&E INTERLOCKING PAVERS, INC.

80127015

Principal Place of Business Mailing Address
 1151 TRELIS AVE. 1151 TRELIS AVE.
 SPRING HILL, FL 34606 SPRING HILL, FL 34606

2. Principal Place of Business 3. Mailing Address
 7281 Sunshine Grove Rd. 7281 Sunshine Grove Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 108 # 108



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 030428081 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

CARRASCO, MAYDA
 1151 TRELIS AVE.
 SPRING HILL, FL 34606

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mayda Carrasco 6/13/03

Signature, last name, first name of registered agent or principal officer (NOTE: Registered Agent Signature identical when Restricted) DATE

FILE NOW WITH FEE OF \$100.00
 After May 1, 2003 Fee will be \$350.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	CARRASCO, MAYDA 1151 TRELIS AVE. SPRING HILL, FL 34606	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	VPD CARRASCO, ABEL 1151 TRELIS AVE. SPRING HILL, FL 34606	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	TD CARRASCO, ERIC 1151 TRELIS AVE. SPRING HILL, FL 34606	NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mayda Carrasco 6/13/03 352-596-6062

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Driving Permit #

CR2E034 (10/02)