

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90311 050 ***150.00

DOCUMENT # P02000064090

1. Entity Name
ART STONE PAVERS, INC.



Principal Place of Business
**21337 TOWN LAKES DR #1311
BOCA RATON FL 33486**

Mailing Address
**21337 TOWN LAKES DR #1311
BOCA RATON FL 33486**

2. Principal Place of Business
788 NW 47 STREET

3. Mailing Address
788 NW 47 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEENFIELD BEACH, FL

City & State
DEENFIELD BEACH, FL

4. FEI Number
74-3047599

Applied For
Not Applicable

Zip
33064

Country
U.S.A.

Zip
33064

Country
U.S.A.

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

**TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH FL 33064**

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

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
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **D DA SILVA, EDIVA**
STREET ADDRESS **21337 TOWN LAKES DR #1311**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition
NAME **D DA SILVA, EDIVA**
STREET ADDRESS **788 NW 47 STREET**
CITY-ST-ZIP **DEENFIELD BEACH, FL 33064**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED - PRESIDENT

04/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0433774 AV

CR2E034 (10/02)