

## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000075134

1. Entity Name

LP PAVERS CORPORATION

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91521 015 \*\*\*150.00

Principal Place of Business	Mailing Address
4612 MIDDLEBROOK RD E ORLANDO FL 32811-3035	4612 MIDDLEBROOK RD E ORLANDO FL 32811-3035

2. Principal Place of Business 5016 MILLENIA BLVD Suite Apt. #, etc. APT. #106 City & State ORLANDO, FL	3. Mailing Address 5016 MILLENIA BLVD Suite Apt. #, etc. APT. #106 City & State ORLANDO, FL
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DO NOT WRITE IN THIS SPACE

Zip 32839-5646	Country USA	Zip 32839-5646	Country USA	4. FEI Number 04-3699664	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

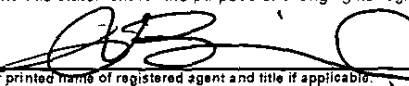
6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION  
 3929 N FEDERAL HWY  
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 531 E. SAMPLE ROAD
City POMPANO BEACH
FL
Zip Code 33064

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  04/25/03  
 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, 2003 Fee will be \$550.00**  
**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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DA ROCHA, LAIR R		NAME DA ROCHA, LAIR R	
STREET ADDRESS 4612 MIDDLEBROOK RD E		STREET ADDRESS 5016 MILLENIA BLVD APT. #106	
CITY-ST-ZIP ORLANDO, FL 32811-3035		CITY-ST-ZIP ORLANDO, FL 32839-5646	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: 

LAIR R DA ROCHA - DIRECTOR

04/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #