

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90082 045 ***550.00

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DOCUMENT # P02000081685

1. Entity Name
ALLIED PAVERS, INC.



Principal Place of Business
850 SORRENTO DRIVE
WESTON FL 33326

Mailing Address
850 SORRENTO DRIVE
WESTON FL 33326



2. Principal Place of Business

1239 East Newport Center Drive, 13970 Oak Lawn Pl.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#115

☒ CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach FL

City & State
Davie FL

4. FEI Number
56-2284042

Applied For
Not Applicable

Zip
33442

Country
Broward

Zip
33325

Country
Broward

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

MCLAUGHLIN, ROBERT C JR. ESQ.
515 EAST LAS OLAS BLVD.
SUITE 1150
FORT LAUDERDALE FL 33301

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 Robert Mclaughlin Jr. Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
-After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME COOK, KATHRINE J
STREET ADDRESS 850 SORRENTO DRIVE
CITY-ST-ZIP WESTON FL 33326

TITLE P ☒ Change ☐ Addition
NAME Cook, Katherine J
STREET ADDRESS 13970 Oak Lawn Place
CITY-ST-ZIP Davie, FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-02 954-428-4720
Date Daytime Phone #

CR2E034 (4/03)