

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000101121

1. Entity Name

G.A. BRICK & PAVERS, INC.

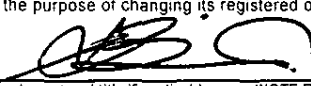
FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90502 026 ***150.00

Principal Place of Business 4515 26 ST W #811 BRADENTON FL 34207		Mailing Address 4515 26 ST W #811 BRADENTON FL 34207	
2. Principal Place of Business 3663 KINGSTON BLVD Suite Apt. #, etc.		3. Mailing Address 3663 KINGSTON BLVD Suite. Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34238-2643	Country USA	Zip 34238-2643	Country USA
4. FEI Number 11-3653173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 TAX HOUSE CORPORATION Street Address (P O. Box Number is Not Acceptable) 533 E. SAMPLE ROAD City POMPANO BEACH, FL Zip Code 33064	

DO NOT WRITE IN THIS SPACE

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  **04/11/03**
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)

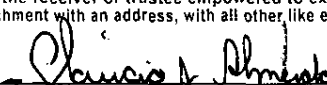
FILE NOW! FEE IS \$150.00
After MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

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 S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALMEIDA, GLAUCIO JOSE		NAME ALMEIDA, GLAUCIO JOSE	
STREET ADDRESS 4515 26 ST W #811		STREET ADDRESS 3663 KINGSTON BLVD	
CITY-ST-ZIP BRADENTON FL 34207		CITY-ST-ZIP SARASOTA, FL 34238-2643	
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/03

Date Daytime Phone #