

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-14-2003 90039 048 ***150.00

DOCUMENT # P02000127037

1. Entity Name
FLORIDA PRECISION PAVERS, INC.



Principal Place of Business
PO BOX 46504
ST PETERSBURG FL 33741
US

Mailing Address
PO BOX 46504
ST PETERSBURG FL 33741
US

55038456



2. Principal Place of Business
9292 49th Street North

3. Mailing Address
9292 49th Street North

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
75-3088885

Applied For
Not Applicable

Zip
33782

Country
USA

Zip
33782

Country
USA

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

Name
Kelly O. Mooney
Street Address (P.O. Box Number is Not Acceptable)
1807 Pass-a-grille Way
City
St. Petersburg, FL Zip Code
33706

MOONEY, KELLY O
500 TRINITY LANE
#7304
ST PETERSBURG FL 33718

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 **Kelly Mooney**
Signature, typed or printed name of registered agent and fee, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kelly O. Mooney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 **727-548-5475**
Date Daytime Phone #

CR2034 (10/02)