

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90033 032 ***150.00

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1. Entity Name
UNOS PAVING INC

Principal Place of Business
8242 COMMERCIAL WAY
BROOKSVILLE, FL 34613

Mailing Address
8242 COMMERCIAL WAY
BROOKSVILLE, FL 34613



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
56-2378705

Applied For
 Not Applicable

Zip Country

Zip Country

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

GENTILE, TULLIO D
11179 WOODLAND WATER BLVD
BROOKSVILLE, FL 34613

Name
DELUCA, UMBERTO

Street Address (P.O. Box Number is Not Acceptable)
8242 COMMERCIAL WAY

City **BROOKSVILLE** FL Zip Code **34613**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Umberto Deluca 01/14/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 **P** Delete
 NAME **DELUCA, UMBERTO**
 STREET ADDRESS **264 HAMPSHIRE AVE**
 CITY-ST-ZIP **SPRINGHILL, FL 34606**

TITLE **P/S/T** Change Addition
 NAME **DELUCA, UMBERTO**
 STREET ADDRESS **264 HAMPSHIRE AVENUE**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **V** Delete
 NAME **GENTILE, TULLIO D**
 STREET ADDRESS **11179 WOODLAND WATER BLVD**
 CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SICLIANO, DONALD JR.**
 STREET ADDRESS **8091 RIVER COUNTY DR**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D/VP** Change Addition
 NAME **SICILIANO, JR., DONALD**
 STREET ADDRESS **8091 RIVER COUNTRY DRIVE**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *X* *Umberto Deluca* **UMBERTO DELUCA** *X* 01/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #