

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000122183
1. Entity Name
NATURE COAST BRICK PAVERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5213 LYDIA COURT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State
Zip 34608	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3420491	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DIANE THOMAS
Street Address (P.O. Box Number is Not Acceptable)
14226 COUNTY LINE ROAD

City HUDSON **FL** **Zip Code** 34667

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIANE THOMAS 5213 LYDIA COURT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TIM THOMAS 5213 LYDIA COURT SPRING HILL, FL 34608
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Thomas *Diane Thomas Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727
3-14-06 856-554