

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006527

1. Entity Name

MYAKKA PAVING, INC.

Principal Place of Business

909-C TAMiami TRAIL  
PORT CHARLOTTE FL 33953

Mailing Address

510 GENE GREEN RD  
NOKOMIS FL 34275  
US

2. Principal Place of Business

510 Gene Green Rd

Suite, Apt. #, etc.

3. Mailing Address

510 Gene Green Rd

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Nokomis FL

Zip

34275

Country

USA

Zip

34275

Country

USA

4. FEI Number

65-0490757

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HORAN, MICHAEL A  
MASTER PLAZA  
510 GENE GREEN RD  
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

Horan, Michael A

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

510 Gene Green Rd

City

Nokomis

FL

Zip Code

34275

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael A Horan 4-17-00

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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JACOB, HERBERT H  
CITY-ST-ZIP ONE AJAX DR., BOX 317  
MADISON HEIGHTS MI

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Herbert H Jacob 4-18-00 (248) 398 2300

Date

Daytime Phone #

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90158 029 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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