

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90048 010 ***150.00

DOCUMENT # P96000036868

1. Entity Name

A-QUALITY BRICK PAVERS, INC.

Principal Place of Business

**PO BOX 320434
TAMPA FL 33679
US**

Mailing Address

**PO BOX 320434
TAMPA FL 33679
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3381425

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

**GREGORY, MICHAEL C
4634 W. LUMB
TAMPA FL 33629**

Name

Gregory, Michael C

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

1504 Culbreath Isles Dr.

City

Tampa, FL 33629

FL

Zip Code

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

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, 2002 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 ☐ Delete
NAME **D GREGORY, MICHAEL C**
STREET ADDRESS **4634 W. LUMB**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
NAME *Gregory, Michael C.*
STREET ADDRESS *1504 Culbreath Isles Dr.*
CITY-ST-ZIP *Tampa, FL 33629*

TITLE ☐ Delete
NAME **D MENENDEZ, ROBERT**
STREET ADDRESS **4634 W. LUMB AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
NAME *Menendez, Robert K.*
STREET ADDRESS *18411 Citation St.*
CITY-ST-ZIP *Lutz, FL 33549*

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
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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 an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)