

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040917

1. Entity Name
AL THE PAVER GUY, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90144 037 ***150.00

Principal Place of Business

6166 ADKINS AVE
NAPLES FL 33962

Mailing Address

6166 ADKINS AVE
NAPLES FL 33962

2. Principal Place of Business

561 2nd St. NE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 990728

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number 65-0669936

Applied For

Not Applicable

Zip

34116

Country

Collier

Zip

34116

Country

Collier

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

EDDY, AL
6166 ADKINS AVE
NAPLES FL 33962

Name

Eddy AL

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

561 2nd St. NE

City

Naples

FL

Zip Code

34116

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

Alfred L. Eddy

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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, 2001 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 PSVT ☐ Delete
NAME EDDY, ALFRED L
STREET ADDRESS 6166 ADKINS AVE
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 561 2nd St. NE
CITY-ST-ZIP Naples FL 34116

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

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

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:

Alfred L. Eddy

Alfred L. Eddy

3/21/01

450-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)