

**2000 UNIFORM BUSINESS REPORT (UBR)****98-00 AR**

**DOCUMENT #** **P9600009580**

**Entity Name:** **CORDOVA PAVERS, INC**  
**3422 BLOWING OAK STREET**  
**VALRICO FL 33594**

**Principal Place of Business** **3422 BLOWING OAK STREET**  
**VALRICO FL 33594**

**Mailing Address** **P.O. BOX 1977**  
**VALRICO, FL 33595**

**Principal Place of Business** **3. Mailing Address**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**FILED**  
**00 JUN 15 PM 1:13**

**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **91-1779154** **Applied For** ☐ **Not Applicable** ☐

**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**

**JUAN CORDOVA**  
**3422 BLOWING OAK STREET**  
**VALRICO FL 33594**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

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.

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

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **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** ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>D/P</b> <b>JUAN CORDOVA</b> <b>3422 BLOWING OAK STREET</b> <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**3. 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:** **S. P. Cordova** **PRESIDENT**

**5/16/00 (813) 917-5827**