

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076448

1. Entity Name

HANNA PAVEMENT SERVICES, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90117 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1974 WHITFIELD PARK AVE  
SARASOTA FL 34243

1974 WHITFIELD PARK AVE  
SARASOTA FL 34243-4048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota

Sarasota, FL

Zip

Country

Zip

Country

34243

USA

34243

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWITT, DANIEL L  
5777 BENEVA RD  
SARASOTA FL 34233

Name

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

City

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: Daniel L Prewitt

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HANNA, ROBERT	
STREET ADDRESS	916 SUNRIDGE DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HANNA, DORIS	
STREET ADDRESS	916 SUNRIDGE DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANNA, THERESA	
STREET ADDRESS	7611 20TH AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALVEZ, MILTON	
STREET ADDRESS	642 EAST POINTE PKWY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanna, Robert	
STREET ADDRESS	11122 4 Ave. E.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanna, Doris	
STREET ADDRESS	11122 4 Ave. E.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

941-744-5191

Daytime Phone #

CR2E034 (9/99)