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Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P97000076448 1. Entity Name HANNA PAVEMENT SERVICES, INC. 04-12-2001 90157 019 \*\*\*150.00 Principal Place of Business Mailing Address 1974 WHITFIELD PARK AVE . 1974 WHITFIELD PARK AVE ... SARASOTA FL 34243 Sarasota FL 34243 2. Principal Place of Business 721 That AUCOUC WEST, UN HE 3. Mailing Address 721 2-Avenue west, unite Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number COOLONOU 65-0778430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWIT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD SARASOTA FL 34233 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete TITI F HANNA, ROBERT NAME NAME STREET ADDRESS 11122 4AVE E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Addition ☐ Change TITLE ☐ Delete TITLE HANNA, DORIS NAME NAME STREET ADDRESS 11122 4 AVE E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Change ■ Addition TITLE ☐ Delete TITLE HANNA, THERESA NAME ~ NAME STREET ADDRESS 7611 20TH AVE. N.W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE GALVEZ, MILTON NAME STREET ADDRESS 642 EAST POINTE PKWY STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 impowered. yith an address,