

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013961

1. Entity Name

EASTWOOD PAVERS, INC.

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90007 009 ***550.00

Principal Place of Business

6361 ROBINSON ST
JUPITER FL 33458
US

Mailing Address

6361 ROBINSON ST
JUPITER FL 33458
US

2. Principal Place of Business

4889 LAKE WORTH RD.

3. Mailing Address

Suite, Apt. #, etc.
STE 102

Suite, Apt. #, etc.
STE 102

City & State
LAKE WORTH, FL.

City & State
LAKE WORTH, FL.

Zip
33463

Country
USA

Zip
33463

Country
USA

6. Name and Address of Current Registered Agent

EASTWOOD, JOE
6361 ROBINSON ST
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name
EASTWOOD, JOE
Street Address (P.O. Box Number is Not Acceptable)
4889 LAKE WORTH RD.
STE 102
City LAKE WORTH FL Zip Code 33463

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 Joe Eastwood 6/20/01
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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	EASTWOOD, JOE	
STREET ADDRESS	6361 ROBINSON ST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EASTWOOD, PAMELA	
STREET ADDRESS	6361 ROBINSON ST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTWOOD, JOE	
STREET ADDRESS	4889 LAKE WORTH RD. STE 102	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
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)(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: Joe Eastwood 6/20/01 (561) 714-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)