

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90234 028 \*\*\*150.00

**DOCUMENT # P98000064238**

1. Entity Name

**PAVEMENT PRODUCTS & SERVICES OF FLORIDA, INC.**

Principal Place of Business

**565 TEMPLE STREET  
 SATELLITE BEACH FL 32937**

Mailing Address

**P O BOX 372207  
 SATELLITE BEACH FL 32937-2207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3530898**

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

**D'AMATO, SHERRI J  
 565 TEMPLE STREET  
 SATELLITE BEACH FL 32937**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **D'AMATO, SHERRI J**  
 STREET ADDRESS **565 TEMPLE STREET**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **D'AMATO, SAL**  
 STREET ADDRESS **565 TEMPLE STREET**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-13-01**

**777-7306**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
D# P980000 64238  
A0078323

July 13, 2001

Division of Corp.  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Uniform Business Report:

I spoke with Andy, & explained to him that this is the 1<sup>st</sup> notification that we have received on the Uniform Business Report. I do not understand why the original notification never reached us. Looking over the form, I noticed both addresses on the form, it is a mystery to me why we did not receive notification before now.

Please accept my apology & my reason to waive the late file fee. In talking with Andy I have put the UBR form date on the computer reminders to recur for 10 years. In that fact, if we do not receive this form by January 22, 2002 to January 22, 2011 I am to call your Office @ 1-850-488-9000 & request a form. I appreciate & thank you for your help.

Sincerely yours,

*Sherri D'Amato*

Sherri D'Amato