

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000064238

1. Entity Name

PAVEMENT PRODUCTS & SERVICES OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

565 Temple St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 372207

Suite, Apt. #, etc.

City & State

Satellite Beach

City & State

Florida

Zip

32937

Country

USA

Zip

32937-2207

Country

USA

4. FEI Number

593530898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SAC C. D. Amato / Sherri D. Amato

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

565 Temple Street

City

Satellite Beach

FL

Zip Code

32937

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Sherri D. Amato PRES</u> <u>565 Temple St.</u> <u>Satellite Beach, FL 32937</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SAC C. D. Amato V.P.</u> <u>565 Temple St.</u> <u>Satellite Beach, FL 32937</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SAC C. D. Amato SAC C. D. Amato

May 20, 2012

321-777-2379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 011 ***150.00

DO NOT WRITE IN THIS SPACE