

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085024

1. Entity Name

PAVERS PLUS OF SOUTHWEST FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90214 036 ***150.00

Principal Place of Business

561 2ND STREET N.E.
NAPLES FL 34120

Mailing Address

561 2ND STREET N.E.
NAPLES FL 34120-2010

2. Principal Place of Business

2182 J & C Boulevard

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2317

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

Collier

Zip

34106

Country

Collier

4. FEI Number

59-3536279

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

FRANTZ, JEFFREY
561 2ND STREET N.E.
NAPLES FL 34120

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 \$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	PSD	<input checked="" type="checkbox"/> Delete
NAME	FRANTZ, JEFFREY	
STREET ADDRESS	561 2ND STREET N.E.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BARBOUR, CHARLES	
STREET ADDRESS	60 APTHORP STREET	
CITY-ST-ZIP	MOLLASTON MA 02170	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	Barbour, Charles	
STREET ADDRESS	1099 GTR Lane North	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	Frantz, Jeffrey	
STREET ADDRESS	561 2ND STREET NE	
CITY-ST-ZIP	Naples, FL 34120	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

941-596-7404

Daytime Phone #

CR2E034 (9/99)