2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE

INTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED DOCUMENT # **P98000098976** Feb 26, 2000 8:00 am **Secretary of State** BOSS PAVING, INC. 02-26-2000 90078 027 ***150.00 Principal Place of Business Mailing Address 1130 S POWERLINE ROAD STE 103 iii S POWERLINE ROAD STE 103 ___ BEACH FL 33442 DEERFIELD BEACH FL 33442-8168 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0882134 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Phillip Jose ph LEVY, MARK Street Address (P.O. Box Number is Not Acceptable) 1130 S POWERLINE ROAD STE 103 1130 S. Passerlike Rd **DEERFIELD BEACH FL 33442** Zip Code Jearfield Beach 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 Joselh DIRELTOR. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 is elitible to satisfy its Intangible 9. This corporation 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE VARKEL, ERIC R NAME NAME 1130 S POWERLINE ROAD STE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-7IP Change **X** Addition PLINIP JOSEPH Delete TITLE TITLE LEVY, MARK 1130 S. Paverline RO Smite 103 NAME 1130 S POWERLINE ROAD STE 103 STREET ADDRESS STREET ADDRESS Deerherd Bear DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME MAMF. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this fling 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 fline 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if wered changed, or on an attachment with an address other like empowered.

0211712000

954 421 1717