

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106605

1. Entity Name

NORTHERN PALMS INTERLOCKING PAVERS, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90124 016 \*\*\*150.00

Principal Place of Business

Mailing Address

622 OLD VILLAGE WAY  
OLDSMAR FL 34677

622 OLD VILLAGE WAY  
OLDSMAR FL 34677-6002

2. Principal Place of Business

1218 KAPOK KOVE CT.  
Suite, Apt. #, etc.

3. Mailing Address

1218 KAPOK KOVE CT.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

4. FEI Number

59-3546278

Applied For

Not Applicable

Zip

33759

Country

USA.

Zip

33759

Country

USA.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, TREVOR L  
4832 GROVE POINT DRIVE  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

TREVOR L. STEVENS

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

1218 KAPOK KOVE CT.

City

CLEARWATER,

FL

Zip Code

33759

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

*Trevor Stevens*

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

TITLE OP  
NAME STEVENS, TREVOR  
STREET ADDRESS 622 OLD VILLAGE WAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE VP  
NAME MASCING, DAVE  
STREET ADDRESS 622 OLD VILLAGE WAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE T  
NAME BATCHCHILDER, TOM  
STREET ADDRESS 622 OLD VILLAGE WAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OP ☒ Change ☐ Addition  
NAME STEVENS, TREVOR  
STREET ADDRESS 1218 KAPOK KOVE CT.  
CITY-ST-ZIP CLEARWATER, FL. 33759

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Trevor Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREVOR STEVENS

4/20/00

Date

727-793-0576

Daytime Phone #

CR2004 (04/01)