

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-12-2000 90032 023 ***150.00

DOCUMENT.# **P9900000 3049**

1. Entity Name

COUCH PAVER INSTALLERS INC. R

Principal Place of Business

Mailing Address

**40962 US HWY 19 NORTH,
 TAPOON SPRING'S FL 34689.**

2. Principal Place of Business

3. Mailing Address

P.O. Box 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tarpon Springs FL

4. FEI Number

59-3075960

Applied For

Not Applicable

Zip

Country

Zip

Country

34689. Prillon

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

**LARRY G. COUCH
 40962 US HWY 19 NORTH
 Tarpon Springs FL
 34689.**

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

Larry G. Couch.

6-2-00

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.

**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	President	<input type="checkbox"/> Delete
NAME	LARRY G. COUCH	
STREET ADDRESS	40962 HWY 19 NORTH	
CITY-ST-ZIP	Tarpon Springs FL 34689.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
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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:

Larry G. Couch

Signature and typed or printed name of signing officer or director

6-2-00 727-804-7346

Date

Daytime Phone #

CR2E034 (9/99)