

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90094 025 \*\*\*150.00

**DOCUMENT #** P99000039443

**1. Entity Name**

SUPERIOR INTERLOCKING PAVING, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6201 LEE ANN LANE

**3. Mailing Address**

6201 LEE ANN LANE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State  
NAPLES, FL

City & State  
NAPLES, FL

**4. FEI Number**

59-3575340

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name **DANIEL J. GRIFFIN**

Street Address (P.O. Box Number is Not Acceptable)  
**710 LAKE LAND AVE.**

City **NAPLES**

**FL**

Zip Code  
**34110**

**DO NOT WRITE  
IN THIS SPACE**

**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.

**DANIEL J. GRIFFIN - Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/4/25/02**

**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

**D P T  
GRIFFIN, DANIEL J  
710 LAKE LAND AVE.  
NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL J. GRIFFIN Pres.**

DATE

Daytime Phone #

**2/4/25/02 239-593-5077**

CR2E034B (12/01)