

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90078 039 ***150.00

DOCUMENT # P99000039443

1. Entity Name
SUPERIOR INTERLOCKING PAVING, INC.



Principal Place of Business
6201 LEE ANN LANE
201
NAPLES FL 34109

Mailing Address
6201 LEE ANN LANE
201
NAPLES FL 34109

2. Principal Place of Business
6301 Taylor Rd.
Suite, Apt. #, etc.

3. Mailing Address
6301 Taylor Rd
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number **59-3575340**

Applied For
Not Applicable

Zip
34109 Country
Collier

Zip
34109 Country
Collier

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

GRIFFIN, DANIEL J
710 LAKELAND AVE.
NAPLES FL 34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIFFIN, DANIEL J
710 LAKELAND AVE.
NAPLES FL 34110

☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

239-593-5077

Date

Daytime Phone #

CR2E034 (10/02)