

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 033 ***150.00

DOCUMENT # P99000049585

1. Entity Name
PAVED RECYCLING INC.

Principal Place of Business Mailing Address
PO BOX 20253 PO BOX 20253
TALLAHASSEE FL 32316-0253 TALLAHASSEE FL 32316-0253

2. Principal Place of Business 3. Mailing Address
4815-2 Woodlane Circle 4815-2 Woodlane Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee Florida Tallahassee Florida
 Zip Country Zip Country
32303 United States 32303 United States

4. FEI Number Applied For
58-2470036 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PETERSON, CHRISTINE H
21410 N.E. 40TH ST
WILLISTON FL 32696

7. Name and Address of New Registered Agent
 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	President P/D <input type="checkbox"/> Delete Dwayne T. Harris 2418 Atlas Road Tallahassee, Florida 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President V/D <input type="checkbox"/> Delete Patrick R. Harris 1633 Marlin Parkway Williamsport, Penn 17701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/I/T <input type="checkbox"/> Delete Veronica R. Harris 4309 Airline Road Hephzibah, Georgia 30815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DWAYNE T. HARRIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/00 **(450) 980-0890**
 Date Daytime Phone #

