

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

