

2001 UNIFORM BUSINESS REPORT (UBR) *Amended*

APPROVED
AND
FILED

01 JUN 25 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

DOCUMENT # *P990000 49585*

1. Entity Name

Principal Place of Business Mailing Address

PAVED Recycling Inc.

2. Principal Place of Business

3. Mailing Address

4825 Woodlane Circle

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

Zip

Country

4. FEI Number

58-2470036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

600004462036--1

-07/06/01--01041--007

*****61.25 *****61.25

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Christine H. Peterson
21410 N.E. 40th St.
Williston, FL 32696*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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:

Patrick R. Harris

6/25/01

(850) 980-0891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

202

TITLE	D	CHANGE	X ADDITION
NAME	Eva M. Williams		
STREET ADDRESS	1804 Empress Ave		
CITY-ST-ZIP	Augusta, Ga 30906		

TITLE	D	CHANGE	X ADDITION
NAME	Carolyn Williams		
STREET ADDRESS	2034 Olive Rd.		
CITY-ST-ZIP	Augusta, Ga 30906		

TITLE	D	CHANGE	X ADDITION
NAME	Mary Jane Ingram		
STREET ADDRESS	1047 Lincoln Way		
CITY-ST-ZIP	Beech Island, S.C. 29892		

TITLE	M	CHANGE	X ADDITION
NAME	Lawrence Howell		
STREET ADDRESS	19053 N.W. 53 rd Court		
CITY-ST-ZIP	Opa Locka, FL 33266 33055		