

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90349 026 \*\*\*150.00

**DOCUMENT # P99000049585**

1. Entity Name  
**PAVED RECYCLING INC.**

Principal Place of Business  
**4825 WOODLANE CIR  
 SUITE 106  
 TALLAHASSEE FL 32303**

Mailing Address  
**4825 WOODLANE CIR  
 SUITE 106  
 TALLAHASSEE FL 32303**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2470036**

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

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	HARRIS, VERONICA R	
STREET ADDRESS	4309 AINTREE ROAD	
CITY-ST-ZIP	HEPHZIBAH GA 30815	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLARD, GARY A	
STREET ADDRESS	2734 LAKEWOOD DRIVE	
CITY-ST-ZIP	AUGUSTA GA 30906	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, PATRICK R	
STREET ADDRESS	1633 MARLIN PARKWAY	
CITY-ST-ZIP	WILLIAMSPORT PA 77701	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLLARD, ENDIA E	
STREET ADDRESS	2734 LAKEWOOD DRIVE	
CITY-ST-ZIP	AUGUSTA GA 30906	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, OSCAR	
STREET ADDRESS	3733 CREST DRIVE	
CITY-ST-ZIP	HEPHZIBAH GA 30815	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, HENRY C	
STREET ADDRESS	2535 EKENSINGTON DRIVE	
CITY-ST-ZIP	AUGUSTA GA 30906	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Veronica R. Harris **VERONICA R. HARRIS** 4/29/02 (455) 980-0890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)