May 01 02 12:05p

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91755 027 ***150.00

DOCUMENT # P99000059951

1. Entity Name
A CAR TRUCKING AND PAVING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
835 PAW PRINTS AVE	835 PAW PRINTS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE Fl	City & State: MELBOURNE Fl
Zip: 32934 Country:	Zip: 32934 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3592017 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLEMS TODD

Street Address (P.O. Box Number is Not Acceptable): 835 PAW PRINTS AVE

City: Melbourne **FL** Zip Code: 32934

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PVTD WILLEMS TODD 835 PAW PRINTS AVE MELBOURNE Fl 32934	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLEMS, SARAH 835 PAW PRINTS AVE MELBOURNE Fl 32934	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Todd Willems 4-30-02 321-757-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #