

2000 UNIFORM BUSINESS REPORT (UBR)

4/14/2000 00:00:00 000 0150 00 0150 00

DOCUMENT # P990000069575

1. Entity Name

PAVERWORKS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-21-2000 90177 023 ***150.00

Principal Place of Business

Mailing Address

31108 W. STATE ROAD 54
ZEPHYRHILLS FL 33543

31108 W. STATE ROAD 54
ZEPHYRHILLS FL 33543-6014

2. Principal Place of Business

3. Mailing Address

5440 PINEBARK LANE 5440 PINEBARK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL FL

City & State

Wesley Chapel FL

4. FEI Number

59-3181542

Applied For

Not Applicable

Zip

33543

Country

PASCO

Zip

33543

Country

PASCO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMKE, NICOLE O
31108 W. STATE ROAD 54
ZEPHYRHILLS FL 33543

7. Name and Address of New Registered Agent

Name

ANTHONY A. OLIVITO

Street Address (P.O. Box Number is Not Acceptable)

5440 PINEBARK LANE

City

WESLEY CHAPEL

FL

Zip Code

33543

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

Anthony A. Olivito

4/14/2000

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)

☒

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | DUMKE, NICOLE O | |
| STREET ADDRESS | 5430 PINEBARK LANE | |
| CITY-ST-ZIP | WESLEY CHAPEL FL 33543 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OLIVITO, ANTHONY A | |
| STREET ADDRESS | 5430 PINEBARK LANE | |
| CITY-ST-ZIP | WESLEY CHAPEL FL 33543 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY A. OLIVITO | |
| STREET ADDRESS | 5440 PINEBARK LANE | |
| CITY-ST-ZIP | Wesley Chapel, FL 33543 | |
| 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)(f), 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:

Anthony A. Olivito

4/14/00

813 973 2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)