

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90062 004 \*\*\*150.00

002744

**DOCUMENT # P99000096432**

1. Entity Name

**TRANSCONTINENTAL PAVERS, INC.**

Principal Place of Business

2351 EST MALL DR. STE #313  
 FT MYERS FL 33901

Mailing Address

2351 EST MALL DR. STE #313  
 FT MYERS FL 33901

2. Principal Place of Business

1771-09 RED CEDAR

3. Mailing Address

1771-9 RED CEDAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT-MYERS FL

City & State

FT-MYERS FL

4. FEI Number

65-0981610

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JACQUES, CHRISTIAN

2351 EST MALL DR. STE #313  
 FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name **CHRISTIAN JACQUES**

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

1771 #9 RED CEDAR

City

FT-MYERS

FL

Zip Code

33907

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

04-05-01

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

TITLE **P** ☐ Delete  
 NAME **JACQUES, CHRISTIAN**  
 STREET ADDRESS **2351 EAST MALL DR STE #313**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VP** ☐ Delete  
 NAME **JACQUES, YVES**  
 STREET ADDRESS **2351 EAST MALL DR STE #313**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☒ Delete  
 NAME **DE SOUZA VALE, OZORIO**  
 STREET ADDRESS **2351 EAST MALL DR STE #313**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **AYOTTE, BERNARD**  
 STREET ADDRESS **2351 EAST MALL DR #313**  
 CITY-ST-ZIP **Ft-MYERS FL 33907**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01

Date

941-707-3317

Daytime Phone #

CR2E034 (10/00)