2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S98040 DOCUMENT

1. Entity Name

MACSWEENEY PAVING, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90810 040 ***150.00

Principal Place of Business 612 FLA. BLVD. CRYSTAL BEACH FL 34681				Mailing Address PO BOX 911 CRYSTAL BEACH FL 34681				10095511			
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number 59-3100069		oplied For ot Applicable	
Zip	ip Country			Zip Co			5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Ad	dress of Current I	Registered Agent				7.	7. Name and Address of New Registered Agent			
OCOCNICA	. COEOmerana		,	•			Name				
	I, GREG					Street Address (P.O. Box Number is Not Acceptable)					
311 S MISSOURI AVE											
						City	FL Zip Cade			e	
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. I am familiar with, and accept the obligations of registered agent.											
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indicated on this report or supplied will this him does not quality for the exemption stated in Section 119.07(3)(f), Horida Statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2003 FOR PROFIT CORPORATION

Principal Place of Business	AT				
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired For Required 6. Name and Address of Current Registered Agent Name PERENICH, GREGING Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agent and tide it applicable. FILE NOW!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. DPT INAME MACSWEENEY, LEO A III STRETA DIRECTORS MACSWEENEY, PATRICIA KAY STRETA DIRECTORS CITY-51-2P CITY 51-2P CITY ST-2P CITY ST					
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Zip Country Zip Country Sip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERENICH, GREGO 311 S MISSOURI AVE CLEARWATER FL 34616 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, byend or printed name of registered agent and title II appricable. (NOTE Registered Agent signature required when revisating) DATE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRECT ADDRESS GITY- SI- Zip MACSWEENEY, LEO A III MACSWEENEY, LEO A III SIRECT ADDRESS GITY- SI- Zip MACSWEENEY, PATRICIA KAY 612 FLA BLVD. SIRECT ADDRESS GITY- SI- Zip MACSWEENEY, PATRICIA KAY 612 FLA BLVD. GITY- SI- Zip Change Addition TITLE V Detele TITLE V Change Addition Note Applicable SR. Certificate of Stratus Desired Sa. Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Level Address (P.O. Box Number is Not Acceptable) Level Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Level Address (P.O. Box Number is Not Acceptable) Level Address (P.O. Box Number is Not Acceptable) Street Address	CHECK HERE IF MAKING CHANGES				
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Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when remistating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP MACSWEENEY, LEO A III STREET ADDRESS CITY-ST-ZIP TITLE SAMAC SWEENEY, PATRICIA KAY STREET ADDRESS CITY-ST-ZIP MACSWEENEY, PATRICIA KAY STREET ADDRESS CITY-ST-ZIP TITLE TITLE Change Addition TITLE Change Addition TITLE Change Addition TITLE CHANGE CITY-ST-ZIP TITLE TITLE CHANGE CITY-ST-ZIP TITLE TITLE CHANGE CITY-ST-ZIP TITLE CHANGE CITY-ST-ZIP TITLE TITLE CHANGE CITY-ST-ZIP TITLE CHANGE CITY-ST-ZIP TITLE	4				
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURA PEQUITA SO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR