

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90148 015 ***150.00

DOCUMENT # V32538

1. Entity Name
J. A. PAVERS, INC.

Principal Place of Business

Mailing Address

~~PMB 212, 2731 NC HWY 55
 APEX NC 27502
 US~~

~~PMB 212, 2731 NC HWY 55
 APEX NC 27502-4206
 US~~

00073336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5613 NW 64 Terr.

5613 NW 64 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number **65-0337136**

Applied For
 Not Applicable

Zip **33067**

Country **US**

Zip **33067**

Country **US**

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

**ADAMETZ, JOY
 8688 NW 43RD ST
 CORAL SPRINGS FL 33065**

**Jody Adametz
 5613 NW 64 Terr.
 Coral Springs, FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **ADAMETZ, JODY**
 STREET ADDRESS **8688 NW 43RD CT**
 CITY-ST-ZIP **CORAL SPGS FL 33065**

TITLE Change Addition
 NAME **Adametz, Jody**
 STREET ADDRESS **5613 NW 64 Terrace**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

CR2E034 (9/99)