

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90009 046 ***158.75

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DOCUMENT # K46213

1. Entity Name
PAVERMODULE, INC.

Principal Place of Business
1590 N ANDREWS AVE EXT
POMPANO BEACH FL 33069

Mailing Address
1590 N ANDREWS AVE EXT
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0099826**

Applied For
 Not Applicable

Zip Country

Zip 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

CHATELLIER, RICHARD P.
1590 N ANDREWS AVE EXT
POPANO BEACH FL 33069

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	GRAVEL, GUY	
STREET ADDRESS	1361 SOUTH OCEAN BLVD., #407	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHATELLIER, RICHARD P.	
STREET ADDRESS	3610 BAYVIEW DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMORE, GEORGE	
STREET ADDRESS	2350 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMEL, FERNANDO	
STREET ADDRESS	265 CHEMIN ST BERNARD	
CITY-ST-ZIP	MONT-TREMBLANT-QUEBEC J0T1Z0	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARKS, CHARLES G	
STREET ADDRESS	891 SAGE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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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)(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: Charles G Parks **CHARLES G PARKS** 3/7/02 954-972-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)