

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91389 024 ***150.00

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DOCUMENT # 510333

1. Entity Name
ASPHALT PRESERVATION SYSTEMS, INC.



Principal Place of Business
7600 SOUTHLAND BLVD
SUITE 100
ORLANDO FL 32809
US

Mailing Address
P O BOX 560178
ORLANDO FL 32856
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1686682**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNAVELY, J, DAVID
2800 ALSACE COURT
ORLANDO FL 32812

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SNAVELY, DAVID J | |
| STREET ADDRESS | 2800 ALSACE COURT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | SNAVELY, DAVID J | |
| STREET ADDRESS | 2800 ALSACE COURT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PARKER, RUSSELL E | |
| STREET ADDRESS | 4118 GREENFERN DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Snavely* **DAVID SNAVELY** **4/25/03** **(407)448-7812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)