

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 668097**

1. Entity Name

CAPITAL ASPHALT, INC.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90106 015 ***150.00

Principal Place of Business

Mailing Address

**1300 AENON CHURCH ROAD
TALLAHASSEE FL 32304
US****1300 AENON CHURCH ROAD
TALLAHASSEE FL 32304-9258
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2270011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WHITE, MARLOW ESQ -
LEWIS & WHITE, L.C.
216 W. COLLEGE AVE. #201
TALLAHASSEE FL 32301**

Name

Edward M. Mitchell, Jr.

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

Mitchell Brothers, Inc.**1300 Aenon Church Rd.**

City

Tallahassee**FL**

Zip Code

32304

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

Edward M. Mitchell, Jr., President**3/16/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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	P	☐ Delete
NAME	MITCHELL, EDWARD M JR.	
STREET ADDRESS	3536 NORTH MERIDIAN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	☒ Delete
NAME	WHITE, MARLOW	
STREET ADDRESS	216 W. COLLEGE AVE. #201	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☐ Change ☒ Addition
NAME	Donna R. Jarriel	
STREET ADDRESS	1300 Aenon Church Rd.	
CITY-ST-ZIP	Tallahassee, FL. 32304	
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		
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

(850) 574-6000

Daytime Phone #

CR2E034 (9/99)