2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K71205** Mar 21, 2000 8:00 am Secretary of State 1. Entity Name CLAY'S ASPHALT MAINTENANCE, INC. 03-21-2000 90054 022 ***150.00 Principal Place of Business Mailing Address 3305 OLEANDER AVE. 3305 OLEANDER AVE. FT. PIERCE FL 34982-6535 FT. PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address 3311 Oleander Ave 3311 Oleander Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0110536 Not Applicable <u>Pierce</u> FI FLZip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 2 USA 34982 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - RIGDON, ANDREW-C. Street-Address (P.O. Box Number is Not Acceptable). 3309 OLEANDER AVENUE FORT PIERCE FL 34982 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete ☐ Addition TITLE RIGDON, ANDREW C. NAME NAME STREET ADDRESS 2101 RIVER HAMMOCK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 13. Thereby certify that the information supplied with this filling 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 adamest, with all other like empowered.

SIGNATURE: ER OR DIRECTOR Date Daytime Phone #

of the corporation or the receichanged, or on an attachmen