

2001 UNIFORM BUSINESS REPORT (UBR)

0031496 AB

DOCUMENT # M98000001083

1. Entity Name
ASPHALT PRODUCTION LLC

FILED

01 MAY 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
110 C.R. 470
OKAHUMPKA FL 34762

Mailing Address
ONE SPECTACLE POND ROAD
LITTLETON MA 01460-1110

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
% THE MIDDLESEX CORPORATION
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0866071 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004416154--1
-06/12/01--01065--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREIRA, ROBERT W ONE SPECTACLE POND ROAD LITTLETON MA 01460 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APONAS, ALFRED S ONE SPECTACLE POND ROAD LITTLETON MA 01460 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, ROBERT N ONE SPECTACLE POND ROAD LITTLETON MA 01460 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWAIN, CHARLES E ONE SPECTACLE POND ROAD LITTLETON MA 01460 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert L. Nolen Robert L. Nolen 110 C.R. 470 Okahumpka, FL 34762 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 18-A South Shaker Road Harvard, MA 01451 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/AS 99 Cranberry Circle Sudbury, MA 01776 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Robert L. Mabardy 10 Pearl Street Lexington, MA 02173 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Michael J. Mancuso, Jr. 1102 Linmar Avenue Fruitland Park, FL 34731 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert N. Jacobson 4/30/01 (978) 742-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)