

9/7/2007-90001-037-\$550.00-\$550.00

DOCUMENT # P06000116897				FILED	
1. Entity Name ALL PATCHING ASPHALT, INC.				07 SEP 24 PM 3:49	
Principal Place of Business 1375 80TH AVE. N. ST. PETERSBURG, FL 33702		Mailing Address 1375 80TH AVE. N. ST. PETERSBURG, FL 33702		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09052007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 76-0848497	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		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		
EICHER, DAVID 1375 80TH AVE. N. ST. PETERSBURG, FL 33702			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renouncing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	DPS EICHER, DAVID 1375 80TH AVE. N. ST. PETERSBURG, FL 33702	☐ Delete ☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete ☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					