

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0439773 AV

DOCUMENT # **196237**

1. Entity Name  
**E. A. MARIANI ASPHALT COMPANY**

04-10-2002 90352 031 \*\*\*158.75

Principal Place of Business Mailing Address  
**P.O. BOX 75437 P.O. BOX 75437**  
**TAMPA FL 33675 TAMPA FL 33675**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-0782166** Applied For Not Applicable

Zip Country Zip Country 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

**MARIANI, GEORGE E JR**  
**5201 CAUSEWAY BLVD**  
**TAMPA FL 33619**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. 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	PD	<input type="checkbox"/> Delete
NAME	MARIANI, GEORGE E JR	
STREET ADDRESS	5201 CAUSEWAY BLVD	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARIANI, TIMOTHY	
STREET ADDRESS	5201 CAUSEWAY BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	HARDIN, JACK	
STREET ADDRESS	5201 CAUSEWAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARIANI, CHRISTOPHER C	
STREET ADDRESS	5201 CAUSEWAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 3/27/02 813-623-3941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)