

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90356 008 ***150.00

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1. Entity Name
ASPHALT, INC.

Principal Place of Business
**2003 HUGHES ROAD
MELBOURNE FL 32935
US**

Mailing Address
**2003 HUGHES ROAD
MELBOURNE FL 32935
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1751328**

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

**TAYLOR, HOMER R.
4093 DEERWOOD TRAIL
MELBOURNE FL 32934**

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 *Homer R. Taylor* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD <input type="checkbox"/> Delete
NAME	TAYLOR, HOMER R.
STREET ADDRESS	4093 DEERWOOD TRAIL
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	STD <input type="checkbox"/> Delete
NAME	TAYLOR, GRACE
STREET ADDRESS	4093 DEERWOOD TRAIL
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	V <input type="checkbox"/> Delete
NAME	SZYNAKA, STEPHEN
STREET ADDRESS	4093 DEERWOOD TR
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	V <input type="checkbox"/> Delete
NAME	LAWSON, SCOTT
STREET ADDRESS	7633 HELEN STREET
CITY-ST-ZIP	WEST MELBOURNE FL 32904
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Homer R. Taylor* **PNB 4-16-03 321-259-9080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)