

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90783 023 ***150.00

DOCUMENT # 807382

1. Entity Name
CENTRAL OIL ASPHALT CORPORATION



Principal Place of Business
**8 EAST LONG ST.
ROOM 400
COLUMBUS OH 43215**

Mailing Address
**8 EAST LONG ST.
ROOM 400
COLUMBUS OH 43215**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0675788**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

**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	P	<input type="checkbox"/> Delete
NAME	KNOWLTON, C. H., JR.	
STREET ADDRESS	8 EAST LONG STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHAHER, F. L.	
STREET ADDRESS	8 EAST LONG STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCSWINEY, DANIEL	
STREET ADDRESS	MACKENSIE AVE	
CITY-ST-ZIP	WESTLAND MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ROBERT W	
STREET ADDRESS	1014 DUBLIN ROAD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCSWINEY, JOHN-PAUL	
STREET ADDRESS	161 CANDLEWYCK DRIVE	
CITY-ST-ZIP	NEWINGTON CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: *C. H. Knowlton* **SIGNATURE REQUIRED** *C. H. Knowlton*
President

3-5-03

224-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)