

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07676

1. Entity Name

TRIPLE NICKLE ASPHALT PAVING, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90066 013 ***150.00

Principal Place of Business Mailing Address
C/O DANIEL W. MAGLIO C/O DANIEL W. MAGLIO
6009 N.W. 1ST STREET 6009 N.W. 1ST STREET
MARGATE FL 33063 MARGATE FL 33063-5112

2. Principal Place of Business - 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2421912 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MAGLIO, DANIEL W.
6009 N.W. 1ST STREET
MARGATE FL 33063

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MAGLIO, DANIEL W.	
STREET ADDRESS	6009 N.W. 1ST ST.	
CITY-ST-ZIP	MARGATE FL	
TITLE	DSDT	<input type="checkbox"/> Delete
NAME	MAGLIO, RENEE G.	
STREET ADDRESS	6009 NW. 1ST STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Pete Hartl	
STREET ADDRESS	844 Blue Ridge Circle,	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

323 00 8549710984
Date Daytime Phone #