2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # H07676

1. Entity Name

TRIPLE NICKLE ASPHALT PAVING, INC.

FILED
01 MAR -2 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
3300 NW 27TH AVE	6009 NW 1ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano	City & State: MARGATE
Zip: 33069- Country: USA BROWARD	Zip: 33063 Country: USA BROWARD

4. FEI Number 59-2421912

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
MAGLIO, DANIEL W. 6009 N.W. 1ST STREET MARGATE FL 33063	Name: Renee Maglio Street Address (P.O. Box Number is Not Acceptable): 6009 NW 1ST STREET City: MARGATE FL Zip Code: 33063

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: Renee Maglio Renee Maglio PRESIDENT 1-16-01

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 2001 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	
TITLE	DP	☒ Delete	TITLE	DSDT ☑ Change ☐ Add
NAME	MAGLIO, DANIEL W.		NAME	DANIEL MAGLIO
STREET ADDRESS	6009 N.W. 1ST ST.		STREET ADDRESS	6009 NW 1ST STREET
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP	MARGATE FL 33063
TITLE	DSDT	☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Add
NAME	MAGLIO, RENEE G.		NAME	Renee Maglio
STREET ADDRESS	6009 NW 1ST STREET		STREET ADDRESS	6009 NW 1ST STREET
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP	MARGATE FL 33063
TITLE	DV	☒ Delete	TITLE	VP DSDT ☐ Change ☑ Add
NAME	HARTL, PETE		NAME	Michelene Maglio
STREET ADDRESS	844 BLUE RIDGE CIRCLE		STREET ADDRESS	6238 NW 1ST Street
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	MARGATE FL 33063
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	800003828568--2
STREET ADDRESS			STREET ADDRESS	-03/09/01--01086--026
CITY-ST-ZIP			CITY-ST-ZIP	*****61.25 *****61.25
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Renee Maglio 1-16-01 954-971-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Renee Maglio