2001 UNIFORM BUSINESS REPORT (UBR) amended

DOCUMENT # H07676

1. Entity Name

TRIPLE NICKLE ASPHALT PAVING, INC.

FILED

01 AUG -6 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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 ☐ Applied For ☐ Not Applicable

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 DATE: 1-16-01

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, 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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAGLIO, DANIEL W. 6009 N.W. 1ST ST. MARGATE FL	☐ Delete	DSDT DANIEL MAGLIO 6009 NW 1ST STREET MARGATE FL 33063	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSDT MAGLIO, RENEE G. 6009 NW 1ST STREET MARGATE FL	☐ Delete	President Renee Maglio 6009 NW 1ST STREET MARGATE FL 33063	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV. HARTL, PETE 844 BLUE RIDGE CIRCLE WEST PALM BEACH FL 33409	☑ Delete		☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DV Michelene Maglio 6238 NW 1st street Margate, FL 33063	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900004547768--2 -08/21/01--01080-024 *****61.25 *****61.25	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Maglio 8-3-01 954-971-0984

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