FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # J04702** 1. Entity Name ASPHALT CONSULTANTS, INC. 4-27-2001 90378 010 ***158.75 Principal Place of Business Mailing Address 2200 N. FEDERAL HWY 2200 N. FEDERAL HWY **SUITE 221** SUITE 221 BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2784704 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name John S. White BACZEWSKI, DAWN Street Address (P.O. Box Number is Not Acceptable) 482 NE 32ND ST. 466 NE 32 Street **BOCA RATON FL 33431** Zip Code 33431 Boca Raton, 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. <u> John S. White - Secretary</u> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE PTD Change PTD ☐ Delete TITLE NAME BACZEWSKI, CHRISTOPHER A BACZEWSKI, CHRISTOPHER A NAME STREET ADDRESS STREET ADDRESS 482 NE 32ND STREET 455 NE 2 STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** BOCA RATON, FL 33432 TITLE Change Addition ☐ Delete VSD TITLE BACZEWSKI, DAWN L NAME BACZEWSKI, DAWN L STREET ADDRESS STREET ADDRESS 482 NE 32ND ST 455 NE 2 STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** BOCA RATON, FL 33432 Addition ☐ Change ☐ Delete TITLE NAME WHITE, JOHN S STREET ADDRESS STREET ADDRESS 466 NE 32 STREET CITY-\$T-ZIP CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CHARASTINDE.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Chris Baczewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

April 2, 2001 561-368-5797

Date

Daytime Prone #

☐ Change

Addition

CR2E034 (10/00