

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 024 ***150.00

DOCUMENT # **L63626**

1. Entity Name
CENTRAL ASPHALT & PAVING, INC.



Principal Place of Business

~~JOHN J. WATKINS~~

~~P.O. BOX 250~~

~~LABELLE FL 33095~~

Mailing Address

~~JOHN J. WATKINS~~

~~P.O. BOX 250~~

~~LABELLE FL 33095~~



2. Principal Place of Business

1712 Arabian Drive

Suite, Apt. #, etc.

3. Mailing Address

1712 Arabian Drive

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Loxahatchee, FL

Zip

33470

Country

USA

City & State

Loxahatchee, FL

Zip

33470

Country

USA

4. FEI Number **65-0199707**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WATKINS, JOHN J A~~

~~450 S MAIN ST~~

~~LABELLE FL 33095~~

7. Name and Address of New Registered Agent

Name

Metra Hughes

Street Address (P.O. Box Number is Not Acceptable)

1712 Arabian Drive

City

Loxahatchee

FL

Zip Code

33470

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

X Metra Hughes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE **DPS** ☐ Delete

NAME **HUGHES, METRA G.**

STREET ADDRESS **1897 BACON PT RD**

CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE **T** ☐ Delete

NAME **HUGHES, METRA G.**

STREET ADDRESS **1897 BACON PT. RD.O**

CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *X Metra Hughes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

561-261-1874

Daytime Phone #

CR2E034 (10/02)