## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9500000770

1. Entity Name

SIGNATURE:

FLEXPHALT, L.C.



## FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90216 003 \*\*\*\*50.00

					COO WE TEN						
Principal Place of Business P.O. DRAWER 491356 LEESBURG FL 34749-1356			Mailing Address P.O. DRAWER 491356 LEESBURG FL 34749-13	356							
2. Principal	l Place of Busine	ss	3. Mailing Address /								
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & St	ate		City & State		<del></del>	<u> </u>	/\	CK HERE		NG CHANG	iES
Zip			City & State			4. FEI Nur	mber 65	-062246	7		Applied For Not Applicat
. <u></u>		Country	Zip	Country		5. Certifica	ate of Status	Desired		\$5.00	Additional
	6. Name a	nd Address of Current Re	egistered Agent	<del></del>	<del></del>				_	Fee Requ	Jired
1 111			<u></u>	<del>-                                    </del>	Name	/. Name a	nd Address	of New Re	gistere	Agent	
HILL, JOE E			Name		tan e						
2620 W INDUSTRIAL ST LEESBURG FL 34748					treet Address (I	P.O. Box Num	nber is Not A	(cceptable)			
							<u> </u>		**	<del>-</del> -	<del>-</del>
		<u> </u>			City				F	Zip C	ode
<ol><li>The above</li></ol>	e named entity se	ubmits this statement for the	ne purpose of changing i	its registered o	ffice or registers						<u> </u>
the obliga	ations of registere	d agent.	. ,		mod or registers	ayent, or t	oun, in the S	state of Flor	da. I am	ı familiar wit	h, and accep
SIGNATURE											
DIGINATIONE	Signature, typed or p	rinted name of registered agent and	title if applicable (NG	OTC. D.							•
					nt signature required s	when reinstating)			DATE		
			FILE N	IOW!!! FEE	IS \$50.00						
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			Make Check Payal	ble to Florid	a Departmen	t of State					
			Make Check Payal	ble to Florid ue By May 1	a Departmen , 2003	t of State					
).		MANAGING MEMBERS	Di	ue By May 1	a Departmen , 2003	t of State					
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