2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2002 8:00 am **DOCUMENT # N12879** Secretary of State 1. Entity Name ASPHALT ANGELS, INC. 01-29-2002 90014 013 ****61.25 Principal Place of Business Mailing Address C/O RICHARD F. FOREMAN ASPHALT ANGELS, INC. 12231 ACAPULCO AVE P.O. BOX 449 PALM BEACH GARDENS FL 33410 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-2666916 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HANCOCK, DONALD 12123 KEYLINE BLVD PALM BEACH GARDENS FL 33412 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Ş. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE **⊠** Change ☐ Addition HIRSHFIELD, BUDDY HIRSHFIELD, BUDDY NAME NAME 14931 N 69TH DR STREET ADDRESS 14931 N. 69TH DR STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP PAIN BEACH GARDENS FL ☐ Addition ☐ Delete TITLE 🗹 Change LARRY WELD 11921 415T CRT N WELD. LARRY NAME NAME STREET ADDRESS 11921 41ST CRT N. STREET ADDRESS ROYAL PALM BEACH FL 33411 CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP TITLE DONALD HANCOCK Delete. TITLE Change Addition HANCOCK, DONALD NAME NAME 12123 KEYLINE BLYD STREET ADDRESS 12123 KEYLIME BLVD STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP PALM BEACH GARDENS FL 33412 CITY-ST-ZIP 33412 TITLE ☐ Delete TITL F ☐ Addition SMITH, JERALD NAME NAME 6571 143RD DR N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BETTIE HANCOCK NAME NAME PALM BEACH GARDENS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, 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

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SIGNATURE:

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