

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022609

1. Entity Name
ASPHALTECH, INC.Principal Place of Business
10220 FISHER AVENUE UNIT 9
TAMPA FL 33619Mailing Address
10220 FISHER AVENUE UNIT 9
TAMPA FL 336192. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. City & State
Zip5. City & State
Zip

4. FEL Number

59-3700474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
SHERRY A GATES
Street Address (P.O. Box Number is Not Acceptable)
10220 FISHER AVE UNIT 9City
TAMPA
FL
Zip Code
33619

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: *Sherry A. Gates*

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

DATE

2/27/02

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GATES, SHERRY A
10220 FISHER AVENUE UNIT 9
TAMPA FL 33619 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
GATES, PAUL M
10220 FISHER AVENUE UNIT 9
TAMPA FL 33619 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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.

SIGNATURE: *Sherry A. Gates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY GATES, PRES 2/27/02 (813) 684-9899

Date

Daytime Phone #

CR2E034 (9/01)

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