2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000054151 **DOCUMENT #**

1. Entity Name

ALL-WASTE ASPHALT MATERIALS INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90180 003 ***150.00

Principal Place of Business 24800 JENNING RD MYAKKA CITY FL 34251		Mailing Address 24800 JENNING RD MYAKKA CITY FL 34251						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 03-0449117 .			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	. □ \$	8.75 Ad ee Require	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New F	Registered Ag	ent	
6244 COL	, CHARLES LUMBIA DRIVE		Stre	**	O. Box Number is Not Acceptable	e)		
BRADENT	ON FL 34207	•			. ,,,,,,,			
		1	City			FL	Zip Cod	
8. The above the obligat SIGNATURE.	named entity submits this statement in ions of registered agent. Signature, typed or printed name of higistered agent.	t taule	registered office		d agent, or both, in the State of Fid hen reinstating)	orida. I am far DATE	níliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					9. Election Campaign Fir Trust Fund Contributio	on. 🗀	Adde	0 May Be d to Fees
10.	P · UFFICERS AND	******	11.		ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNS, JOHN M 24800 JENNING RD MYAKKA CITY FL 34251	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	☐ Addition
TITLE Name Street address City-St-Zip	VST FANDALE, CHARLES 24800 JENNING RD MYAKKA CITY FL 34251	***Delete	NAME STREET ADDRE		ALE, CHARLES Columbia Drive		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ena, na en	Delete =	NAME STREET ADDRE	WEBEI	R, JOHN M. JR. Bay St., N.E. Petersburg, FL] Change	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP] Change	Addition

indicated on this report or supplied warruns ining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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: