FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90210 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095883

1. Entity Name
BIG BEAR ASPHALT MAINTENANCE, INC.

Principal Place of Business	Mailing Address
5300 NW 12TH AVENUE SUITE ~~8~~ 12 FORT LAUDERDALE, FL 33009 US	800 CYPRESS GROVE DRIVE SUITE 410 POMPANO BEACH, FL 33069 US

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5300 NW 12TH AVE		5300 NW 12TH AVE	
Suite, Apt. #, etc.: SUITE 12		Suite, Apt. #, etc.: SUITE 12	
City & State: FORT LAUDERDALE FL		City & State: FORT LAUDERDALE FL	
Zip: 33309	Country: USA	Zip: 33309	Country: USA

4. FEI Number: 36-4506136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEIM, MELVIN E
5300 NW 12TH AVENUE
SUITE 8
FORT LAUDERDALE, FL 33009

7. Name and Address of New Registered Agent

Name: LAURIE R. REGAS
Street Address (P.O. Box Number is Not Acceptable): 5300 NW 12TH AVE, SUITE 12
City: FORT LAUDERDALE FL **FL** Zip Code: 33309

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: Laurie R Regas LAURIE R. REGAS Date: 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEIM, MELVIN E 5300 NW 12TH AVENUE, SUITE 8 FORT LAUDERDALE, FL 33009	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John M. Spannos 5300 NW 12th ave, Suite 12 FORT LAUDERDALE, FL 33309	☐ Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Date: 5/1/03 Daytime Phone #: 954-489-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)