2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200096699

1. Entity Name

BLACK GOLD ASPHALT, INC.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90039 006 ***150.00

					WE TES				
Principal Place of Business 10110 MERCURY DRIVE JACKSONVILLE FL 32225		10110 N	Mailing Address 10110 MERCURY DRIVE JACKSONVILLE FL 32225						
2. Principal f	Place of Business	3. Mailin	3. Mailing Address			!	88 /// 88 /// /8 /// 8 /// 8		
Suite, Apt	. #, etc.	Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City &	City & State			4. FEI Number 11. 3652435	-	Applied For Not Applicable	
Zip	Country	Zip]	Country		5. Certificate of Status Desired		Additional	
	6. Name and Address of Cur	rent Registered	Agent			7. Name and Address of New Re	gistered Agent		
				Name					
GIBSON, ROLAND 10110 MERCURY DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	IVILLE FL 32225								
				City			FL Zip C	ode	
	e named entity submits this statementions of registered agent.	nt for the purpos	e of changing its re	egistered office o	r registere	ed agent, or both, in the State of Flori	da. I am familiar wi	th, and accept	
SIGNATURE	Signature, typed or printed name of registered	and side if applica	NOTE 1	7			DATE		
		agent and the n applica	DIE. (NOTE: F	Registered Agent signa	ture required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fina		.00 May Be	
	k Payable to Florida Departme	I .				Trust Fund Contribution.	☐ Ade	ded to Fees	
10.	OFFICERS /	AND DIRECTORS	3	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 11	
TITLE	D		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition	
NAME	GIBSON, ROLAND			NAME					
STREET ADDRESS CITY-ST-ZIP	10110 MERCURY DRIVE JACKSONVILLE FL 32225			STREET ADDRESS CITY-ST-ZIP					
TITLE	UNONOOTHILLE I L SEZZO		☐ Delete	TITLE	NO S	esident	☐ Chang	e 🔼 Addition	
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NAME				NAME					
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CITY-ST-ZIP				CITY-ST-ZIP	1			Į.	

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. FOLANCE, CITSSON

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Director

4/14/03 904 399 5865

Change

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Addition