

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26153

1. Entity Name

ASPHALT INSTITUTE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90344 030 ****61.25

Principal Place of Business

Mailing Address

RESEARCH PARK DR.
PO BOX 14052
LEXINGTON KY 40512-4052

RESEARCH PARK DR.
PO BOX 14052
LEXINGTON KY 40512-4052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1148531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYER, ROBERT E.
ASPHALT INSTITUTE
2639-B LIENBY AVE.
PANAMA CITY FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|--------------------------|--------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | P. MILLER, EDWARD L | 2696 RESEARCH PARK DRIVE | LEXINGTON KY 40511 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | SD BOTKIN, LINDA A. | 2696 RESEARCH PARK DRIVE | LEXINGTON KY 40511 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | T MATZ, W. J. | 2696 RESEARCH PARK DR. | LEXINGTON KY 40511 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | D DOZIER, K. H. | 2696 RESEARCH PARK DRIVE | LEXINGTON KY 40511 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | D BRAKE, L. S. | 2696 RESEARCH PARK DRIVE | LEXINGTON KY 40511 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)