

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90010 009 \*\*\*550.00

11/23/01 AT

**DOCUMENT # P96000055220**

1. Entity Name  
**FLORIDA HIGHWAY EMULSIONS, INC.**

Principal Place of Business

**130 E CENTRAL AVE  
 LAKE WALES FL 33853**

Mailing Address

**130 E CENTRAL AVE  
 LAKE WALES FL 33853**

2. Principal Place of Business

**3900 U.S. Hwy 17 N.**

3. Mailing Address

**P.O. Box 928**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bartow FL**

City & State

**Bartow FL**

4. FEI Number

**59-3387648**

Applied For

Not Applicable

Zip

**33831**

Country

Zip

**33831**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MYERS, CORNEAL B  
 130 E CENTRAL AVE  
 LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

**Paul Ashcraft**

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

**3900 U.S. Hwy 17 N**

City

**Bartow**

**FL**

Zip Code

**33831**

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

**Paul Ashcraft, Controller**

**9/12/01**  
 DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete  
 NAME **MYERS, CORNEAL B**  
 STREET ADDRESS **130 E CENTRAL AVE**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PT** ☐ Delete  
 NAME **MAGGARD, JOHN R**  
 STREET ADDRESS **3900 US HWY 17 N**  
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VPS** ☐ Delete  
 NAME **MAGGARD, ROBERT H**  
 STREET ADDRESS **3900 US HWY 17 N**  
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/12/01**  
 Date

**863-533-7881**  
 Daytime Phone #

CR2E034 (5/01)