2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9700003744 May 08, 2000 8:00 am Secretary of State 1. Entity Name ASPHALT RESTORATION, INC. 05-08-2000 90123 042 ***150.00 Mailing Address Principal Place of Business 1312 MANGO ISLE 1312 MANGO ISLE FT LAUDERDALE FL 33315-1334 FT LAUDERDALE FL 33315 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0720774 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROTOLO, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 1312 MANGO ISLE FT LAUDERDALE FL 33315 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ZULLO, DAN NAME NAME STREET ADDRESS 1312 MANGO ISLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 Change ☐ Addition VP0 ☐ Delete TITLE ROTOLO, JOE NAME STREET ADDRESS 1312 MANGO ISLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33315 ☐ Change X Audition Delete TITLE JUDY D.FOGLE 1312 MANG ISLE NAME STREET ADDRESS STREET ADDRESS FT. CAUDERNALE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of 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.