

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004187

1. Entity Name

ASPHALT PAVING INTERNATIONAL, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90113 001 \*1,905.00

Principal Place of Business

Mailing Address

200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801  
US

200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801-1989  
US

2. Principal Place of Business

10125 W. COLONIAL DR.

Suite, Apt. #, etc.

212

City & State  
OCOE, FL.

Zip  
34761

Country  
USA

3. Mailing Address

10125 W. COLONIAL DR.

Suite, Apt. #, etc.

212

City & State  
OCOE, FL.

Zip  
34761

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3556733

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMILLO, JOSEPH  
200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
JOSEPH CAMILLO

Street Address (P.O. Box Number is Not Acceptable)  
10125 W. COLONIAL DR.

Suite 212

City  
OCOE

FL

Zip Code  
34761

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  
JOSEPH CAMILLO/secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIDE, JACKIE D 2545 A. EAST WATERLOO EDMOND OK 73034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMILLO, JOSEPH 200 E ROBINSON ST STE 450 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O JOSEPH CAMILLO 10125 W. COLONIAL DR. # 212 OCOE, FL. 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOSEPH CAMILLO/secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

407-822-3664

Daytime Phone #

CR2E034 (9/99)