

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90330 008 ***550.00

DOCUMENT # P98000032418

1. Entity Name
ASI PAVING INC.

Principal Place of Business
PO BOX 212186
ROYAL PALM BEACH FL 33421

Mailing Address
PO BOX 741272
BOYNTON BEACH FL 33474-1272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825641

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

CATANZARO, RICHARD L
5363 HELENE CIR
BOYNTON BEACH FL 33437

Name **Richard L Catanzaro**
 Street Address (P.O. Box Number is Not Acceptable)
13377 Doubletree Circle
Wellington
 City **FL** Zip Code **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

7-15-02

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

(NOTE: Registered Agent signature required when reinstating)

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **CATANZANO, RICHARD L**
 STREET ADDRESS **5363 HELENE CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME **Catanzaro Richard L**
 STREET ADDRESS **13377 Doubletree Circle**
 CITY-ST-ZIP **Wellington Fl 33414**

TITLE **V** ☒ Delete
 NAME **CATANZANO, BARBARA**
 STREET ADDRESS **5363 HELENE CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME **Catanzaro Barbara**
 STREET ADDRESS **13377 Doubletree Circle**
 CITY-ST-ZIP **Wellington Fl 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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

7-15-02 561 436 6799

Date

Daytime Phone #

CR2E034 (4/02)