

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068204

1. Entity Name

J&M ASPHALT MAINTENANCE, INC.

FILED

00 SEP 25 PM 3: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8369 SOUTH CYPRESS DRIVE  
FORT MYERS FL 33912

Mailing Address

8369 SOUTH CYPRESS DRIVE  
FORT MYERS FL 33912

2. Principal Place of Business

17680 Wildcat Dr.

3. Mailing Address

P.O. Box 837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Lehigh FL

Zip

33913

Country

Lee

Zip

33910

Country

Lee

4. FEI Number

65-0865967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, TERRI L

8369 SOUTH CYPRESS DRIVE  
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

17680 Wildcat Dr.

Ft. Myers, FL

City

FL

Zip Code

33913

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

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, 2000 Min. 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 PD  
NAME MULLINS, TERRI L  
STREET ADDRESS 8369 SOUTH CYPRESS DRIVE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE V  
NAME MULLINS, DAVID G  
STREET ADDRESS 8369 SOUTH CYPRESS DRIVE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 17680 Wildcat Dr.  
CITY-ST-ZIP Ft. Myers, FL 33913 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 17680 Wildcat Dr.  
CITY-ST-ZIP Ft. Myers, FL 33913 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)