

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91776 012 \*\*\*150.00

**DOCUMENT # S74213**

1. Entity Name

**M & M ASPHALT, INC.**



Principal Place of Business

1438 W. LANTANA RD. #419  
LANTANA FL 33462

Mailing Address

7100-39 FAIRWAY DR.  
#206  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

4512 N FLAGLER DR.

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 201

City & State

W PALM BEACH, FL

City & State

Zip

33407

Country

USA

Zip

Country

4. FEI Number

65-0289007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAY, MARK

1438 W. LANTANA RD #419

LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

MAY, MARK L.

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

4512 N FLAGLER DR. STE 201

City  
W PALM BEACH

FL

Zip Code  
33407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
MAY, MARK  
STREET ADDRESS  
1438 W. LANTANA RD. #419  
CITY-ST-ZIP  
LANTANA FL 33462

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
D  
NAME  
MAY, MARK L  
STREET ADDRESS  
4512 N FLAGLER DR., STE. 201  
CITY-ST-ZIP  
W PALM BEACH, FL 33407

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

4/29/03 561 835 1790

Date

Daytime Phone #

CR2E034 (10/02)