

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90340 024 \*\*\*150.00

**DOCUMENT # V52025**

1. Entity Name

**COLONNA ASPHALT RESTORATION, INC.**



Principal Place of Business

**1100 S POWERLINE RD**

**110**

**DEERFIELD BEACH FL 33442**

**US**

Mailing Address

**2201 WEST SAMPLE ROAD**

**SUITE 2B BLDG 9**

**POMPANO BEACH FL 33073-3082**

**90011377**



2. Principal Place of Business

**2201 West Sample Road**

Suite, Apt. #, etc.

**Bldg 9 Suite 2B**

City & State

**Pompano Beach FL**

Zip

**33073**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0344462**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLONNA TOLEDO, LINDA**

**1100 S POWERLINE RD**

**SUITE 110**

**DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

**Linda Toledo**

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

**2201 West Sample Road**

**Bldg9 Suite 2B**

City

**Pompano Beach**

**FL**

Zip Code

**33073**

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

**1-24-03**

**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 **DP** ☐ Delete  
NAME **COLONNA TOLEDO, LINDA**  
STREET ADDRESS **1100 S POWERLINE ROAD SUITE 110**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **V** ☐ Delete  
NAME **TOLDEO, JORGE M**  
STREET ADDRESS **1100 S POWERLINE RD SUITE 110**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **Toledo, Linda**  
STREET ADDRESS **2201 West Sample Road, Bldg9 Suite 2B**  
CITY-ST-ZIP **Pompano Beach, FL 33073**

TITLE **V** ☒ Change ☐ Addition  
NAME **Toledo, Jorge M**  
STREET ADDRESS **2201 West Sample Road, Bldg9 Suite 2B**  
CITY-ST-ZIP **Pompano Beach, FL 33073**

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

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

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

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

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

**1-24-03**

Date

**954-973-3050**

Daytime Phone #

CR2E034 (10/02)