

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90061 003 ***150.00

DOCUMENT # G51747

1. Entity Name

BILL GREGORY EXCAVATING, INC.

Principal Place of Business

**COUNTY ROAD 29
P.O. BOX 129
OXFORD FL 32684-0129**

Mailing Address

**COUNTY ROAD 29
P.O. BOX 129
OXFORD FL 32684-0129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2305961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREGORY, MARIE D
13508 CR 209
OXFORD FL 32778**

Name

WILLIAM W GREGORY

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

13446 CR 209

City

OXFORD

FL

Zip Code

34484

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

William W Gregory

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

(NOTE: Registered Agent signature required when reinstating)

2-11-02

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

**GREGORY, MARIE D
13508 CR 209
OXFORD FL**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**WILLIAM W GREGORY
13446 CR 209
OXFORD, FL 34484**

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☐ 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:

William W Gregory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

352-303-0023

Daytime Phone #

CR2E034 (9/01)