

2001 UNIFORM BUSINESS REPORT-1

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90233 012 ***158.75

DOCUMENT # M84319

1. Entity Name
GEORGE SCHWAB EXCAVATING, INC.

Principal Place of Business 17303 SOLIE ROAD ODESSA FL 33556	Mailing Address 17303 SOLIE ROAD ODESSA FL 33556
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2877392	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

SCHWAB, BARBARA
 17303 SOLIE ROAD
 ODESSA FL 33556

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Barbara Schwab Secy 5.16.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	SCHWAB, GEORGE		
	17303 SOLIE ROAD		
	ODESSA FL		
D	SCHWAB, BARBARA		
	17303 SOLIE ROAD		
	ODESSA FL		
D	SCHWAB, GEORGE J., JR.		
	1080 ROBERTS ROAD		
	ODESSA FL		

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: Barbara Schwab Secy Barbara Schwab 5.7.01 813 9203254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)