

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 047 ***150.00

DOCUMENT # P01000031615	
1. Entity Name G & S EXCAVATING INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3090 GULF BREEZE PKY Suite, Apt. #, etc.	3. Mailing Address 3090 GULF BREEZE PKY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State GULF BREEZE, FL	City & State GULF BREEZE, FL	4. FEI Number 59-3708766	Applied For <input type="checkbox"/> Not Applicable
Zip 32563	Country USA	Zip 32563	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOCIELL GOLL	
Street Address (P.O. Box Number is Not Acceptable) 3090 GULF BREEZE PKY	
City GULF BREEZE	FL Zip Code 32563

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT	TITLE	
NAME	JOCIELL GOLL	NAME	
STREET ADDRESS	3090 GULF BREEZE PKY	STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE, FL 32563	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 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 #

429-03 850-994-0973

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