

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90025 027 \*\*\*158.00

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**DOCUMENT # 284770**

1. Entity Name

**DITCH WITCH TRENCHER INC OF FLORIDA**

**J.B. Equipment Specialists, Inc.**

Principal Place of Business

Mailing Address

**2727 WEST MAIN STREET  
P O BOX 490667  
LEESBURG FL 34749-7667**

**2727 WEST MAIN STREET  
P O BOX 490667  
LEESBURG FL 34749-0667  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1060818**

Applied For  
Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BJORN, JUDY  
1210 LASALIDA WAY  
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5525 Banana Point Drive**

City  
**Okahumpka**

FL Zip Code  
**34762**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PST** ☐ Delete  
NAME **BJORN, JUDY**  
STREET ADDRESS **1210 LASALIDA WAY**  
CITY-ST-ZIP **LEESBURG, FL 00000**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5525 Banana Point Drive**  
CITY-ST-ZIP **Okahumpka, FL 34762**

TITLE **D** ☐ Delete  
NAME **BJORN, JUDY**  
STREET ADDRESS **1210 LASALIDA WAY**  
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5525 Banana Point Drive**  
CITY-ST-ZIP **Okahumpka, FL 34762**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02  
Date

352-787-7607  
Daytime Phone #

CR2E034 (9/01)