

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398529

1. Entity Name

EXCAVATORS, INC

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 046 ***150.00

Principal Place of Business

900 NW 8TH AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

900 NW 8TH AVENUE
FORT LAUDERDALE FL 33311-7208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1392750

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

~~TISO, MARCELLINE I~~
900 NW 8TH AVE
FT LAUDERDALE FL 33311

Name ~~ROBERT L. ELMORE~~ Ida May Foster

Street Address (P.O. Box Number is Not Acceptable)
900 N.W. 8TH AVE.

City FORT LAUDERDALE FL Zip Code 33111

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 *Ida May Foster*
Signature, typed or printed name of registered agent and title if applicable

IDA MAY FOSTER - VDS -

2/23/00
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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS ELMORE, ROBERT
CITY-ST-ZIP 900 NW 8TH AVENUE
FT. LAUD. FL

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

TITLE ☐ Delete
NAME AS
STREET ADDRESS STEVENS, KENNETH G.
CITY-ST-ZIP 412 NW 4TH ST.
FT. LAUD. FL

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

TITLE ☒ Delete
NAME VDS
STREET ADDRESS TISO, MARCELLINE
CITY-ST-ZIP 900 NW 8TH AVENUE
FT. LAUD. FL

TITLE ☒ Change ☒ Addition
NAME VDS
STREET ADDRESS Ida May Foster
CITY-ST-ZIP 900 NW 8TH AVENUE
FT LAUDERDALE, FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 entries.

SIGNATURE: *Ida May Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2/23/00 954-523-3438

Date

Daytime Phone #

CR2E034 (9/99)