## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

438727 **DOCUMENT #** 

1. Entity Name

HMMIE CROWDER EXCAVATING AND LAND CLEARING INC



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

05-01-2003 90541 023 \*\*\*150.00

DIAMINATE O	HOWDEN EXORATING A		d, 110				
Principal Place of Business 901 GEDDIE RD TALLAHASSEE FL 32304 US		Mailing Address 901 GEDDIE RD TALLAHASSEE FL 32304 US					
2. Principal Place of Business		3. Mailing Address			1 400131 01500 41107 30114 15030 11011 1001 01015 01	# 1	043 111111 1011
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-1058504	<del></del>	oplied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Agent	
			Name				
CROWDEI 901 GEDE	R, JIMMIET DIERD		Street Address		P.O. Box Number is Not Acceptable)		
	SSEE FL 32304			.—		<del></del> -	
(AEEAIIA)	OCCL FE GEOGRA		City		FL	Zip Code	
	named entity submits this statement for	or the purpose of changing	its registered office or r	egistère	d agent, or both, in the State of Florida. I am	amiliar with,	and accept
•	5 0						-
SIGN/#URE	Signature, typed or printed name of registered agent	and title if applicable. (I	NOTE: Registered Agent signature	e required w	then reinstating) DATE		
is F	ILE NOW!!! FEE IS \$150.00						
	May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing		O May Be
	Payable to Florida Department o	f State			Trust Fund Contribution.	J Added	to Fees
10.	OFFICERS AND	<u></u>	11,		ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	2181.11
<del></del>	PD OFFICERS AND		—— <del>[</del>		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	CROWDER, JIMMIE T	☐ Delete	TITLE			☐ Change	☐ Addition (
NAME	1237 BARINEAU ROAD		NAME CTREET +CORREGO				ì
STREET ADDRESS	TALLAHASSEE FL 32304		STREET ADDRESS				
CITY-ST-ZIP	<del></del>	_ <del>_</del>	CITY-ST-ZIP				
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NAME	JACKSON, LISA C.		NAME			Change	Addition
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			STREET ADDRESS			☐ Change	Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: