

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90075 018 ***158.75

DOCUMENT # 847022

1. Entity Name
DE WITT EXCAVATING, INC.

Principal Place of Business
14463 W. COLONIAL
P.O. BOX 770337
WINTER GARDEN FL 34777-7337
US

Mailing Address
PO BOX 365
FENTON MI 48430
US

00018533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1818208**

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

DEWITT, DALE A.
10215 LAKE LOUISA ROAD
CLERMONT FL 34711

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 _____ (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, 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

T ☐ Delete
 DEWITT, THOMAS A.
 228 E. LAKESHORE DR.
 CLERMONT FL

☐ Change ☐ Addition

V ☐ Delete
 DEWITT, THEODORE
 10701 LAKE LOUISA RD
 CLERMONT FL

☐ Change ☐ Addition

AS ☐ Delete
 DEWITT, TIMOTHY A.
 15405 THOROUGHbred LANE
 MONTVERDE FL

☐ Change ☐ Addition

P ☐ Delete
 DEWITT, DALE A.
 10215 LAKE LOUISA RD
 CLERMONT FL

☐ Change ☐ Addition

S ☐ Delete
 SEVERNS, ANN
 10479 RUNYAN LAKE POINT
 FENTON MI

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)