2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90094 009 ***158.75

DOCUMENT # 847022

1. Entity Name
DE WITT EXCAVATING, INC.

Principal Place of Business	Mailing Address
14463 W. COLONIAL P.O. BOX 770337 WINTER GARDEN FL 34777-7337 US	PO BOX 365 FENTON MI 48430 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 770337 Suite, Apt. #, etc.
City & State	City & State: Winter Garden, FL
Zip / Country	Zip: 34777-0337 / Country: USA

4. FEI Number: 38-1818208 ☐ Applied For ☐ Not Applicable

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: Ann L SEVERNS Street Address (P.O. Box Number is Not Acceptable): 16617 Champions Court City: CLERMONT FL Zip Code: 34711

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: Ann L Severns 2/2/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEWITT, THOMAS A. 228 E. LAKESHORE DR. CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CLERMONT FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEWITT, THEODORE 10701 LAKE LOUISA RD CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition THEODORE D. DEWITT CLERMONT FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DEWITT, TIMOTHY A. 15405 THOROUGHBRED LANE MONTVERDE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MONTVERDE FL 34756
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEWITT, DALE A. 10215 LAKE LOUISA RD CLERMONT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CLERMONT ~~MONTVERDE~~ FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEVERNS, ANN 10479 RUNYAN LAKE POINT FENTON MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 16617 CHAMPIONS COURT CLERMONT FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 2-2-02 407-656-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANN L SEVERNS SECRETARY