

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90216 019 ***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 770337

WINTER GARDEN FL 34777-0337

US



2. Principal Place of Business

14463 W Colonial Dr

3. Mailing Address

14463 W. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Garden FL

City & State

Winter Garden

4. FEI Number

38-1818208

Applied For

Not Applicable

Zip

FL 34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEVERNS, ANN L

16617 CHAMPIONS CT

CLERMONT FL 34711

7. Name and Address of New Registered Agent

Ann Severns

Street Address (P.O. Box Number is Not Acceptable)

2388 Barons meade Ct

Winter Garden

City

FL

Zip Code

34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/30/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	DEWITT, THOMAS A.	
STREET ADDRESS	228 E. LAKESHORE DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEWITT, THEODORE D	
STREET ADDRESS	10701 LAKE LOUISA RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEWITT, TIMOTHY A.	
STREET ADDRESS	15405 THOROUGHbred LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEWITT, DALE A.	
STREET ADDRESS	10215 LAKE LOUISA RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEVERNS, ANN	
STREET ADDRESS	16617 CHAMPIONS CT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2388 Barons meade Ct	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03

Date

407-656-1749

Daytime Phone #

CR2E034 (10/02)