2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

POST OFFICE BOX 125

LAKE CITY FL 32056-7125

DOCUMENT # F30826

1. Entity Name

Principal Place of Business

POST OFFICE BOX 125

LAKE CITY FL 32056-7125

2. Principal Place of Business

DREDGECO MINE SERVICES, INC.



FILED Jan 07, 2003 8:00 am Secretary of State

01-07-2003 90026 026 ***150.00

₿₿₿₽₽₽₩₩

Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				4.	4. FEI Number 59-2088504				Applied For Not Applicable		
Zip		Country	Zip	Ī	Coun	try	5.	Certificate of	Status Desired			75 Addit Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
ROBERTS, SR JESSE L RT 5, BOX 1086						Street Address (P.O. Box Number is Not Acceptable)								
LAKE CITY FL 32055							-							
LANE CIT	FL 32000	,				-	.			·	<u> </u>	ip Code	+	
						City				F	┕╎◜	ip code		
the obligati	ons of regis	y submits this statem tered agent.				ed office or r			in the State of f	Florida. I ar		ar with, a	nd accept	
After Make Check	LE NOW!	II. FEE IS \$150.00 03 Fee will be \$55 o Florida Departme) 0.00 ent of State					- W. Let	tion Campaign Fund Contribut HANGES TO O	lion.		Added	to Fees	
10.		OFFICERS	AND DIRECTO		11.			DUTTONS/C	HANGES TO C.	T IOLING A		Change	Addition	
TITLE A NAME STREET ADDRESS CITY-ST-ZIP	ST Delete ROBERTS, SUSIE POST OFFICE BOX 125 LAKE CITY, FL 00000		□ Delete								onange 	Addition		
TITLE NAMES STREET ADDRESS CITY-ST-ZIP	DP Delete ROBERTS, JESSE L SR POST OFFICE BOX 125 LAKE CITY FL							Change	Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITI NAM STE	LE	~					Change	☐ Addition	

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:

SOMMINGUISHIRED

12.21.02

386-752-0842

Daytime Phone #

CR2E034 (