717 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59827

1. Entity Name

BIG CHIEF DEMOLITION, INC.



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90068 003 ***150.00

						S. V.	İ					
Principal Place of Business 5108 N.W. 10TH TERRACE FT LAUDERDALE FL 33309			5108	Mailing Address 5108 N.W. 10TH TERRACE FT LAUDERDALE FL 33309				! (18 4) 18 (18) 8 (14) 16) 16 (14)	(FA) 8(A)) 6(A	:	BABRI BUBU ISBU	
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4.	4. FEI Number 59-2167534 Applied For Not Applicable				
Zip Country		Zip	Zip Count		5.		Certificate of Status Desired		8.75 Ad ee Require	lditional		
	6. Name	and Address of Curr	ent Register	ed Agent		_	7. 1	Name and Address of New Reg				
2			,		Nan	ne						
WHITFIELD, STEPHEN 5108 NW 10TH TERR.					Stre	Street Address (P.O. Box Number is Not Acceptable)						
. FT. LAŬD	ERDALE FL	33309						 -	***			
					City				FL	Zip Cod	ļ	
8. The above the obliga	e named entity tions of regist	y submits this statementered agent	t for the purp	oose of changing its r	registered offic	e or registere	ed ag	ent, or both, in the State of Floric	da. I am fa	miliar with,	and accept	
SIGNATURE		or printed name of registered a	gent and use и ар	production of the second	gistered Agent s	ignature required	when re	einstating)	DATE			
Afte	r May 1, 200	PEE IS \$150.00 The State of the					•	Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.		OFFICERS A	ND DIRECTO	J DRS	T 11.		AD	L DITIONS/CHANGES TO OFFICE	FRS AND I	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE					Change	Addition	
NAME	WHITFEILD	STEVE		D01010	NAME				,	change	C Addition	
STREET ADDRESS	5108 NW 1	10TH TERR			STREET ADDRE	:SS					Į	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-03

Daytime

Daytime Phone #