## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT #** G71191 1. Entity Name :: FOWLER EXCAVATING INC. 05-13-2002 90054 049 \*\*\*150.00 Principal Place of Business Mailing Address 1250 W MARION AVE 1250 W MARION AVE #341 #341 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 US 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sity & State 4. FEI Number Applied For Gorda ひっせる 35-1462423 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOWLER, JEANETTE 1250 W MARION AVE 341 **PUNTA GORDA FL 33950** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 411. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Delete Fowler Bubby L TITLE CR2E034;(9/01) FOWLER, BOBBY L ☐ Addition NAME 7011 N Phum Trac NAME 1250 W. MARION AVE., #341 STREET ADDRESS STREET ADDRESS Punt + Go-la, Fl 33955 CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE P Delete TITLE Fowler Jeanette Addition NAME FOWLER, JEANETTE NAME STREET ADDRESS 1250 W MARION AVE, #341 7011 N. Phum Trec STREET ADDRESS CITY-ST-7IP PUNTA GORDA, FL 00000 33950 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FOWLER, JOHN E NAME STREET ADDRESS 7519 CARAMBOLA STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

13. Thereby 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: