

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89501

1. Entity Name

STEVE'S EXCAVATING AND PAVING, INC.

Principal Place of Business

% STEVEN SARNAGO
1741 NORTH KEENE ROAD
CLEARWATER FL 33755
US

Mailing Address

% STEVEN SARNAGO
1741 NORTH KEENE ROAD
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SARNAGO, CATHY
1741 NORTH KEENE ROAD
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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

TITLE PT
NAME SARNAGO, CATHY
STREET ADDRESS 1741 NORTH KEENE ROAD
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VS
NAME SARNAGO, STEVE
STREET ADDRESS 1741 NORTH KEENE ROAD
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CATHY SARNAGO, President

Date 4/25/01 Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91283 019 ***158.75

C0066732



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2425029

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

0364750

CR2E034 (10/00)