LUU : U: I: U:، : : الحالة كناه REPURT (UBR) DOCUMENT # G90806 May 03, 2001 8:00 am 1, Entity Name Secretary of State ODELL GOOGE TRUCKING AND EXCAVATING, INC. 05-03-2001 91152 012 ***150.00 Principal Place of Business Malling Address 4540 N.WV 49th Court Coconut Creek, FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 591540174 Not Applicable Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jennifer L. Augspurger, Esac Thomas Googe Street Address (P.O. Box Number is Not Acceptable)
7301 W.Palmetto Pri 4540 NW 49th Court W.Palmetto Prk Coconut Creek, FL 33073 Zip Code 33433-3455 City Boca Raton 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 . FILE NOW!!! FEE IS \$150.00. After MAY 1, 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change *Addition ☐ Defete TITLE VР RAME NAME Thomas W. Googe Anthony Wayne Davis STREET ADDRESS STREET ADDRESS 4540 NW 49th Court 5851 Holmberg Rd, # 1713 CITY-ST-ZIP CITY-ST-ZIP Creek, FL Parkland, FL 33067 TITLE ☐ Change **Addition ☐ Delete TITLE SEC KRME NAME David McCallister STREET ADDRESS STREET ADDRESS 1954 NW 33rd Street CITY-ST-7IP CITY-ST-ZIP Pompano Beach, FL 33064 Change Addition Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delele TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF