

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G96269**

1. Entity Name

CENTRAL FLORIDA EXCAVATING AND FILL DIRT, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90137 019 ***150.00

Principal Place of Business

Mailing Address

2812 AIRPORT ROAD
 PLANT CITY FL 33530
 US

2812 AIRPORT ROAD
 PLANT CITY FL 33567-1125
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2403398

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

Zip **33567**

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRON, DAVID
3721 N. GALLAGHER ROAD
DOVER FL 33527

Name

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

2812 Airport Road
Plant City

City

FL

Zip Code

33567

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	BARRON, DAVID	
STREET ADDRESS	3904 AIRPORT RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BARRON, YVONNE	
STREET ADDRESS	3904 AIRPORT RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2812 Airport Rd	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2812 Airport Rd	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

David Barron
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 **813/252-6223**
 Date Daytime Phone #

CR2F034 (9/99)