

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G96269

1. Entity Name
CENTRAL FLORIDA EXCAVATING AND FILL DIRT, INC.

FILED
03 JAN 23 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200012310992
02/11/03--01039--003 **\$61.25

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 2812 AIRPORT ROAD		3. Mailing Address 2812 AIRPORT ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANT CITY, FL		City & State PLANT CITY, FL	
Zip 33567	Country USA	Zip 33567	Country USA
4. FEI Number 59-2403398			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name MOHAMMED D. ADNAN RAHMAN	
		Street Address (P.O. Box Number is Not Acceptable) 2812 AIRPORT ROAD	
		City PLANT 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  **MOHAMMED D. ADNAN RAHMAN**
(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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/C/T/D MOHAMMED D. ADNAN RAHMAN 2812 AIRPORT RD., PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200012310992 02/11/03--01039--004 **\$88.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV/S/D MOHAMMED A. HIKMAN RAHMAN 2812 AIRPORT RD., PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHARLES DAVID BARRON 2812 AIRPORT RD., PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NICK KOTAICHE 2812 AIRPORT RD., PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mohammed D. Adnan Rahman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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