2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 08:00 AM
Secretary of State

DOCUMENT # **H28870**

1. Entity Name
FLORIDA ROAD BORING, INC.

Principal Place of Business	Mailing Address
116 CANAL ST. SUITE B NEW SMYRNA BEACH FL 32168 US	P.O. BOX 970 NEW SMYRNA BEACH FL 32170 US

2. Principal Place of Business	3. Mailing Address
116 CANAL ST.	
Suite, Apt. #, etc.: SUITE E	Suite, Apt. #, etc.:
City & State: NEW SMYRNA BEACH FL	City & State:
Zip: 32168 Country: US	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2473735** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ENWALL, PETER C.K.
2790 NW 43RD ST. SUITE 200
GAINESVILLE FL
32605

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 ______________________ 02/21/2001
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	BRITTON SHAWN M	NAME	BRITTON SHAWN M
STREET ADDRESS	2107 TATUM BLVD	STREET ADDRESS	2107 TATUM BLVD
CITY-ST-ZIP	NWE SMYRNA BEACH FL 32168	CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	PDST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FROST DEBORAH S	NAME	
STREET ADDRESS	2187 TATUM BLVD	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	

CR2E034 (11/00)

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: Deborah S. Frost Pres 02/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #