

2001 UNIFORM BUSINESS REPORT (UBR)

016751 AT

DOCUMENT # J04460

1. Entity Name

BILL'S BACKHOE SERVICE, INC.

FILED

03 JUN 25 AM 1:25

Principal Place of Business

POST OFFICE BOX 5206
HOLLYWOOD FL 33083

Mailing Address

POST OFFICE BOX 5206
HOLLYWOOD FL 33083

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2691536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINER, JONATHAN K. ESQ.
4000 HOLLYWOOD BLVD.
SUITE 350 NORTH
HOLLYWOOD FL 33021

Name

William Sheffield

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

16525 SW 27 PL

MIRAMAR

City

MIRAMAR

FL

Zip Code

33024

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

6/17/03

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS SHEFFIELD, WILLIAM H.
CITY-ST-ZIP P. O. BOX 5206 N/A
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800021132098
CITY-ST-ZIP 06/25/03--01036--006 **1050.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

6/17/03

Date

954 981 6927

Daytime Phone #

CR2E034 (5/01)