

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90154-038-\$150.00-\$150.00

0181911 AV

DOCUMENT # J21511

1. Entity Name
RON'S TRUCKING & EXCAVATING, INC.



FILED

03 OCT 21 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% RONALD CICCARIO
4038 N.W. 73RD WAY
CORAL SPGS FL 33065

Mailing Address
% RONALD CICCARIO
4038 N.W. 73RD WAY
CORAL SPGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2709156

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CICCARIO, SHIRLEY
4038 N.W. 73RD WAY
CORAL SPGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CICCARIO, RONALD	
STREET ADDRESS	4038 N.W. 73RD WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VSTD	☐ Delete
NAME	CICCARIO, SHIRLEY A.	
STREET ADDRESS	4038 N.W. 73RD WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800023966038
10/21/03--01042--017 **400.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Shirley Ciccario, VP 954-345-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley A. Ciccario, VP

CP2ED34 (10/02)