2000 UNIFORM BUSINESS REPORT (UBR)

May 24, 2000 8:00 am Secretary of State DOCUMENT # **K04695** 1. Entity Name CALL BILL BACKHOE, INC. 05-24-2000 90168 034 ***158.75 Principal Place of Business Mailing Address 4990 SW 52ND ST 101425 OVERSEAS HWY SU!TE 211 FT. LAUDERDALE FL 33314-5520 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0032525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUNDLACH, WILLIAM** Street Address (P.O. Box Number is Not Acceptable) 2780 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE SELBY, EDITH E. NAME NAME **470 SW PETERSBURG TERR** STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33325** ☐ Addition Change TITLE ☐ Delete TITLE SELBY, WILLIAM H. NAME NAME **470 SW PETERSBURG TERR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33325** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SISKING OFFICER OR DIRECTOR

FILED