## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 29, 2002 8:00 am Secretary of State DOCUMENT # KO4695 05-29-2002 93631 001 \*\*\*\*\*8.75 05-29-2002 93631 002 \*\*\*150.00 CALL BILL BACKHOE, INC. Mrincipal Mace of Business 1014250 verseas Huy 603 Principal Place of Business Mailing Address 4990 SW 52ND ST LargoFL 33037 **SUITE 211** FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Manieg withera. Suite, Apt. #, etc. Suite April # etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent SELBY, EDITH E. Street Address (P.O. Box Number is Not Acceptable) **470 SW PETERSBURG TERR** PLANTATION FL 33325 Zip Code FL 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 little if applicable (MOT), Hinguistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DST Delete TIFLE □ Change Addition NAME SELBY, EDITH NAME STREET ADDRESS 470 SW PETERSBURG TERR STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition SELBY, WILLIAM NAME STREET ADDRESS 470 SW PETERSBURG TERR STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP TITLE Defeie ^)rlr+<del>~</del> NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE City-St-ZiP TITLE Delete DUL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

FILED

Change

☐ Addition

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

STREET ADDRESS

CITY-ST-ZIP

HILE

NAME

DST Edith E. Selby 4/29/02 3051852-9701

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP