

2001 UNIFORM BUSINESS REPORT (UBR)

0022483 AF

DOCUMENT # L00000009605

1. Entity Name
PLOWMASTER DIRECTIONAL BORING, LLC

FILED

01 APR -4 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4014 LANCASTER DRIVE
SARASOTA FL 34241**

Mailing Address
**4014 LANCASTER DRIVE
SARASOTA FL 34241**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1631 Myakka Road
Suite, Apt. #, etc.

3. Mailing Address
1631 Myakka Road
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-1034288

Applied For
Not Applicable

Zip
34240-8971

Country
USA

Zip
34240-8971

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOYNER, DOYLE E
701 KEEN PARK RD
FROSTPROOF FL 33843**

Name
Street Address (P.O. Box Number is Not Acceptable)
1631 Myakka Road
City **Sarasota** FL Zip Code **34240-8971**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**700003995467--5
-04/12/01--01125--006
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Doyle E. Joyner 1631 Myakka Road Sarasota, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

941-322-8341

Daytime Phone #

CR2E083 (11/00)