

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014138

1. Entity Name

FLORIDA UNDERGROUND SERVICES, L.L.C.

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90099 041 \*\*\*\*55.00

Principal Place of Business

Mailing Address

101 S.W. THIRD STREET  
 Ocala FL 34474

101 S.W. THIRD STREET  
 Ocala FL 34474

2. Principal Place of Business

3. Mailing Address

Ditch Witch of Central & South FL  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

311643 Executive Blvd

City & State  
 Leesburg, FL

City & State

Zip  
 34748

Country  
 USA

Zip

Country

4. FEI Number

59-3740968

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MARTY  
 101 S.W. THIRD STREET  
 Ocala FL 34474

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 THE CHARLES MACHINE WORKS, INC.  
 P.O. BOX 66  
 PERRY OK 73077 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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]*  
 SECRETARY

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

8-30-02

580 572-2221

Date

Daytime Phone #

CR2E083 (4/02)