2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

5300 SW 135 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

SW RANCHES FL 33330

DOCUMENT # L36898

Country

1. Entity Name

5300 SW 135 AVE

SW RANCHES FL 33330

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

WILLIAMS BULLDOZING, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90091 012 ***150.00

40010039

☐ CHECK HERE IF M.	AKING CHANGES			
. FEI Number 65-0159894	Applied For			
	Not Applicable			
. Certificate of Status Desired	\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent	Fee Required
WILLIAMS, GEORGE	7. Name and Address of New Registered Agent
5300 SW 135 AVE SW RANCHES FL 33330	Street Address (P.O. Box Number is Not Acceptable)
	City Zip Code

Country

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	9. Election Car	mpaign Financing	\$5.00 May B

Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE WILLIAMS, GEORGE NAME [7 Change Addition NAME 5300 SW 135 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SW RANCHES FL 33330 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change WILLIAMS, JUDY NAME Addition NAME 5300 SW 135 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SW RANCHES FL 33330 CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SYSCATIONS (COURSED

434-6878

Daytime Phone

Date