2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55769

1. Entity Name

BRIDGE CITY EXCAVATORS, INC.



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90118 015 ***150.00

Principal Place of Business % HERBERT W. ALEXANDER, III 7211 REYMOOR DR.	% H	ing Address ERBERT W. ALEXANDER. REYMOOR DR.	, III		:			نك
N. FT. MYERS FL 33917 N. FT. MYERS FL 33917					ALDER BOOK BURNER			
N. 11. MILIO 3 E 30317	14. 1	1. M/LIIO L 33517						-
Principal Place of Business Address Mailing Address				-		RIAN DIBIL DIBIL DI	 	٠,
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKIN	IG CHANGES		
City & State	Cit	City & State		4.	FEI Number 59-2825476	<u> </u>	oplied For ot Applicable	1
Zip Cour	JiryZir) 	Country	5.	Certificate of Status Desired 🧺 🚈 🗆 🚭	\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
Alexander, Herbert W. III			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
7211 REYMOOR DR.			Sirect Address	1,	box Hamber is Not Acceptable,			
N. FT. MYERS FL 33917								
			City	+	F	Zip Cod	е	
8. The above named entity submit	s this statement for the pur	pose of changing its re-	gistered office or regist	tered a	agent, or both, in the State of Florida. I an	n familiar with,	and accept	{
the obligations of registered ag	ent.							
SIGNATURE				-				
Signature, typed or printed i	name of registered agent and title if ap	oplicable. (NOTE: R	egistered Agent signature requi	red when	reinstating) DATE			İ
FILE NOW!!! FEE After May 1, 2003 Fee Make Check Payable to Florid	will be \$550.00				Election Campaign Financing Trust Fund Contribution.		May Be	
10.	OFFICERS AND DIRECTO	ORS	11.	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11	
TITLE PDT		☐ Delete	TITLE			☐ Change	Addition	(05)
NAME ALEXANDER, HEF			NAME					CR2E034 (10/02)
STREET ADDRESS 7211 REYMOOR			STREET ADDRESS				ı	8
CITY-ST-ZIP N. FT. MYERS FL			CITY-ST-ZIP				. :	<u> </u>
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STREET ADDRESS 7211 REYMOOR DR. CITY-ST-ZIP NFTMYERS.FL			STREET ADDRESS					ĺ
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NAME		CD 201010	NAME					
STREET ADDRESS			STREET ADDRESS					ł

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

03/25/2003

574·309D

Change

Change

☐ Addition

Addition

Davtime Phone #