

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90133 012 \*\*\*150.00

**DOCUMENT # M69439**

1. Entity Name

**J.S. EXCAVATION ENTERPRISE, INC.**

Principal Place of Business

Mailing Address

**2237 N. COMMERCE PKWY  
 SUITE #3  
 FORT LAUDERDALE FL 33326  
 US**

**2237 N. COMMERCE PKWY  
 SUITE #3  
 FORT LAUDERDALE FL 33326  
 US**

2. Principal Place of Business

3. Mailing Address

**2610 S. Cypress Head Drive  
 Suite, Apt. #, etc.**

**(SAME)  
 Suite, Apt. #, etc.**

City & State

City & State

**Parkland, Florida  
 Zip 33065 Country Broward**

4. FEI Number **65-0032193**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANELLA, ROSS H ESQ.  
 2237 N. COMMERCE PKWY  
 SUITE #3  
 WESTON FL 33326**

Name **VAL L. OSINSKI, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9836 W. Sample Road  
 City Coral Springs FL Zip Code 33065**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**VAL L. OSINSKI, ESQ.**  
 (NOTE: Registered Agent signature required when reinstating)

**4-27-01**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST STABILE, JAMES 510 W. SAMPLE RD., SUITE #7 CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-01 (954) 753-1111**

Date

Daytime Phone #

CR2E034 (10/00)