

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 050 ***150.00

DOCUMENT #

M69439

1. Entity Name

J.S. EXCAVATION ENTERPRISE, INC.

Principal Place of Business

**7610 S. CYPRESS HEAD DR
POMPANO BEACH FL 33067**

Mailing Address

**7610 S. CYPRESS HEAD DR
POMPANO BEACH FL 33067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9861 W. Sample Road

Suite, Apt. #, etc.

Box 251

City & State

Coral Springs, Fla.

Zip

33065

Country

3. Mailing Address

9861 W. Sample Road

Suite, Apt. #, etc.

Box 251

City & State

Coral Springs, Fla.

Zip

33065

Country

4. FEI Number

650032193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSINSKI, VAL L ESQ

9836 W. SAMPLE RD

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **PST** ☐ Delete
NAME **STABILE, JAMES**
STREET ADDRESS **510 W SAMPLE RD, SUITE 7**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **STABILE, JAMES**
STREET ADDRESS **9861 W. Sample Road, Box 251**
CITY-ST-ZIP **Coral Springs, Fla. 33065**

TITLE ☐ Delete
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

James Stabile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone