

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90066 031 ***150.00

DOCUMENT # P00000003761

1. Entity Name
TECHNICAL EXCAVATION INC.

Principal Place of Business

**684 SIESTA KEY CIRCLE
#2118
DEERFIELD BEACH FL 33441**

Mailing Address

**684 SIESTA KEY CIRCLE
#2118
DEERFIELD BEACH FL 33441**

2. Principal Place of Business
P.O. Box 260

3. Mailing Address
P.O. Box 260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL 33443

City & State
Deerfield Beach, FL 33443

Zip Country

Zip Country

4. FEI Number
65-0973105

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

**SMITH, SCOTT G
684 SIESTA KEY CIRCLE
#2118
DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)
1017 Southeast 3rd Street #5

City
Deerfield Beach FL 33441

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SMITH, SCOTT G
684 SIESTA KEY CIRCLE #2118
DEERFIELD BEACH FL 33441** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 260
Deerfield Beach, FL 33443** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Smith

Date

Daytime Phone #

954-494-0446

CR2E034 (9/01)