

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0528451 AV

**DOCUMENT # P00000017656**

1. Entity Name

**SUNCOAST EXCAVATING, INC.**

04-11-2002 90095 046 \*\*\*150.00

Principal Place of Business

**6304 TROPICAIKE BLVD  
 NORTH PORT FL 34286**

Mailing Address

**6304 TROPICAIKE BLVD  
 NORTH PORT FL 34286**



2. Principal Place of Business

**2308 TROPICAIKE**

Suite, Apt. #, etc.

3. Mailing Address

**2308 TROPICAIKE BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**N. PORT, FL**

City & State

**N. PORT, FL**

4. FEI Number

**65-0982528**

Applied For

Not Applicable

Zip

**34286**

Country

Zip

**34286**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**IZZO, JOHN P**

**180 N INDIANA AVE, SUITE #5  
 ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name

**DAMIAN OZARK**

Street Address (P.O. Box Number is Not Acceptable)

**2308 MANATEE AVE W.**

City

**BRADENTON,**

**FL**

Zip Code

**34205**

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

*Damian Ozark*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PALM, MELVIN C 6304 TROPICAIKE BLVD NORTH PORT FL 34286</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P C.L. AYLSWORTH 2308 TROPICAIKE BLVD N. PORT, FL 34286</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>THOMAS J. RITZMAN 2308 TROPICAIKE BLVD N. PORT, FL 34286</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LORIS PALM 6304 TROPICAIKE BLVD N. PORT, FL 34286</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 like empowered.

SIGNATURE:

*C.L. Aylsworth* **C.L. AYLSWORTH** 3/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**941-423-8971**

Daytime Phone #

CR2E034 (9/01)