

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025121
 1. Entity Name
 Custom EXCAVATION INCORPORATED

FILED

01 DEC 21 PM 2:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 9396 CR 132 LIVE OAK FL 32060		Mailing Address 9396 CR 132 LIVE OAK FL 32060	
2. Principal Place of Business 6555 DIXIE HWY		3. Mailing Address PO BOX 289	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SCOTTSMOOR FL		City & State SCOTTSMOOR FL	
Zip 32775	Country USA	Zip 32775	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3430892		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYNDA M FULSOM 548 CHANBRIDGES DR JASPER FL 32052		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR RUDER C STORY PO BOX 289 SCOTTSMOOR FL 32775	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: RUDER C STORY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 8-25-01
 Date

CR2E034 (11/00)

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee Florida 32303-1500

2062

RE: Filing of 2001 Uniform Business Report

Please accept the enclosed check for \$300.00 for the following corporations:

Josie Rosie Trucking Company
Custom Excavation Incorporated

They never received the notice and report about filing because they had changed their addresses and did not realize that they needed to send the change to you.

Thanking you in advance,



Lynda M Folsom

for

Ryder C Story - Custom Excavation Incorporated
Josephine Kato - Josie Rosie Trucking Company