FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🖊

Feb 20, 2002 8:00 am Secretary of State P00000038311 DOCUMENT # I. Entity Name 'AMERICAN BOBCAT & BACKHOE LANDSCAPING, INC. 02-20-2002 90027 009 ***150 00 Principal Place of Business Mailing Address 5201 S.W. 76TH AVE. 5201 S.W. 76TH AVE. DAVIE FL 33328 DAVIE FL 33328 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4._FEI.Number_ City & State Applied For 65-1009481 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, NATHAN Street Address (P.O. Box Number is Not Acceptable) 5201 S.W. 76TH AVE. DAVIE FL 33328 City Zip Code 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. GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 1. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE ☐ Delete TITLE ☐ Change ☐ Addition LEWIS, MICHAEL S ΙΔMΕ NAME 5201 SW 76 AVE TREET ADDRESS STREET ADDRESS DAVIE FL 33328 ITY-ST-ZIP CITY-ST-ZIP VΡ ITLE Delete TITLE LEWIS, CHARLES S AME NAME 5201 SW 76 AVE _ TREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33328 ITY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE Change ☐ Addition AME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change ☐ Addition MF NAME REET ADDRESS STREET ADDRESS TY-ST-7IP CITY-ST-ZIP 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.