2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIREC

## AMENDED FILED 103 OCT 31 MMII: 41 DOCUMENT # P00000046787 ZIEGLER'S BOBCAT & HAULING SERVICE, INC. SECRETARY OF STATE ALL AHASSEE, FLORIDA Mailing Address Principal Place of Business 6667 28TH ST. SOUTH 6667 28TH ST. SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3650055 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ZIEGLER, DONALD L 6667 28TH ST. SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33712 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW III FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Amended UBR Is \$61,26 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DRESIDENT | DIRECTOR 3RZE034 (10/02) TITLE ☐ Delete TITLE (2) Change ☐ Addition ZIEGLEZ, DONALD L. ZIEGLER, DONALD L NAME NAME 6667 28TH ST. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZP ST. PETERSBURG, FL 33712 CITY-ST-2IP DeteRSBURG, FC. 33712 TREAS DIRECTOR Change TITLE Delete TITLE NN ZIEGLER NAME NAME 28457.50. STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DeterszurbiFL 33712 TITLE ☐ Delete TOLE NAME NAME 200024576852 11/12/03-01002-003 \*\*61 STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete THE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-2IP CITY-ST-ZIP ☐ Delete 1ft F Change opitibh TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered: