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Daytime Phone #

## 2002 Uniform Business Report (UBR)

**SIGNATURE:** 

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P00000080030 1. Entity Name 04-17-2002 90103 005 \*\*\*150.00 KERR AND SON BORING AND TUNNELING CO., INC. Principal Place of Business Mailing Address 2455 US 301, SUITE 3 P.O. BOX 37 **ELLENTON FL 34222** PALMETTO FL 34220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1034581 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TREASURER CR2E034 (9/01) TITLE Delete TITLE Addition KERR, KEITH H KEITH H. KERR. NAME NAME 2455 V.S. 301 STE#5 2455 US 301, SUITE 3 STREET ADDRESS STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP CITY-ST-ZIP ELLENTON FL. 34222. VICE PRESIDENT TITLE X Delete TITLE **Change** Addition NEAL, CHAD R DIANE KERR NAME NAME 2455 US 301, SUITE 3 STREET ADDRESS STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP CITY-ST-ZIP ELLENTON FL. 34222 ☐ Change ☐ Addition TITLE SD TITLE ☐ Delete KERR, DIANE NAME NAME STREET ADDRESS 2455 US 301, SUITE 3 STREET ADDRESS CITY-ST-ZIP **ELLENTON FL 34222** CITY-ST-ZIP TITLE 🖬 Delete ☐ Change Addition TITLE NAME NEAL, KAREN M NAME 2455 US 301, SUITE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ELLENTON FL 34222** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.