5/1/(

2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am Secretary of State DOCUMENT # P0000097138 05-01-2001 90008 012 ***150.00 C & S BACKHOE SERVICES, INC. Principal Place of Business Mailing Address 19130 DURRANCE RD 19130 DURRANCE RD N FT MYERS FL 33917 N FT MYERS FL 33917 47300 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 65-10*5040*. Not Applicable Zip Country Zip 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 STEWART, ROBERT D JR Street Address (P.O. Box Number is Not Acceptable) 19130 DURRANCE RD N FT MYERS FL 33917 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 if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deleta TITLE ■ Addition STEWART, ROBERT D JR NALAF MAME 19130 DURRANCE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE N FT MYERS FL 33917 CITY-ST-ZIP TITLE ☐ Delete Change Addition CALL, JIMMY NAME NAME 19130 DURRANCE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N FT MYERS'FL 33917 CITY:ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete FITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attactment with an address with all pitter like empowered.

Stewart Jr.

941)567-2003

4124101

President