

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90026 002 ***150.00

DOCUMENT # P01000016077

1. Entity Name
ROWDY'S EXCAVATING, INC.

Principal Place of Business
~~950 WEST SOUTHPORT ROAD~~
~~KISSIMMEE FL 34746~~
9070 LINCOLN ROAD
ST. CLOUD, FL 34773

Mailing Address
~~950 WEST SOUTHPORT ROAD~~
~~KISSIMMEE FL 34746~~
9070 LINCOLN ROAD
ST. CLOUD, FL 34773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9070 LINCOLN ROAD
 Suite, Apt. #, etc.
ST. CLOUD Florida
 City & State

3. Mailing Address
9070 LINCOLN RD
 Suite, Apt. #, etc.
ST. CLOUD FL
 City & State

4. FEI Number **593698944** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

34773 **USA** **34773** **USA**

6. Name and Address of Current Registered Agent
WILLIAMS, ROWDY
~~950 WEST SOUTHPORT ROAD~~ **9070 LINCOLN ROAD**
~~KISSIMMEE FL 34746~~ **ST. CLOUD, FL 34773**

7. Name and Address of New Registered Agent
 Name **Williams, Rowdy**
 Street Address (P.O. Box Number is Not Acceptable)
9070 LINCOLN ROAD
 City **ST CLOUD** **FL** **34773**

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 *Rowdy Williams* **Rowdy Williams president** **4-14-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Rowdy Williams* **Rowdy Williams** **4/14/02** **892-0164**
 Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05/02/2002 A1

CR2E034 (9/01)