## 2003 FOR PROFIT CORPORATION

## FILED Apr 22, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000016077 DOCUMENT # 1. Entity Name 04-22-2003 90035 011 \*\*\*150.00 ROWDY'S EXCAVATING, INC. Principal Place of Business Mailing Address 9070 LINCOLN ROAD 9070 LINCOLN ROAD SAINT CLOUD FL 34773 SAINT CLOUD FL 34773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3698944 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 WILLIAMS, ROWDY Street Address (P.O. Box Number is Not Acceptable) 9070 LINCOLN ROAD SAINT CLOUD FL 34773 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. 1 am familiar with, and accept the obligations of registered agent. Kowdy Williams FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. ☐ Delete TITLE TITLE Change ☐ Addition WILLIAMS, ROWDY NAME NAME STREET ADDRESS 9070 LINCOLN ROAD STREET ADDRESS SAINT CLOUD FL 34773 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

1. 1/1:ams 4-15-03
Date

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition