

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91903 045 ***150.00

0633097 AT

DOCUMENT # P01000040118

1. Entity Name
BIG DOG EXCAVATING, INC.



Principal Place of Business
**1040 MCKENZIE RD.
LAKE HELEN FL 32744**

Mailing Address
**1040 MCKENZIE RD.
LAKE HELEN FL 32744**



2. Principal Place of Business
810 Sandcrane Ln.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 907
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE HELEN FL
Zip
32744
Country
USA

City & State
LAKE HELEN FL
Zip
32744
Country
USA

4. FEI Number **59-3712326**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KOPKA, PETER T
3145 TIBURON LANE
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **Kopka, Peter T**
Street Address (P.O. Box Number is Not Acceptable)
810 Sandcrane Ln
City **LAKE HELEN** FL Zip Code **32744**

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 *Peter T. Kopka* **Peter T. Kopka, President** **4/30/03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOPKA, PETER T**
STREET ADDRESS **3145 TIBURON LANE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **D** ☐ Delete
NAME **KOPKA, COLLEEN E**
STREET ADDRESS **3145 TIBURON LANE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Kopka, Peter T**
STREET ADDRESS **PO Box 907**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **D** ☒ Change ☐ Addition
NAME **Kopka, Colleen E**
STREET ADDRESS **PO Box 907**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **D** ☐ Change ☒ Addition
NAME **Cooke, Alan B Jr.**
STREET ADDRESS **190 E. Park St.**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Peter T. Kopka* **Peter T. Kopka, President** **4/30/03** **386-532-2399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)