

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.

3. Mailing Address
PO Box 907

Suite, Apt. #, etc.

City & State
Lake Helen FL

City & State
Lake Helen FL

Zip
32744

Country
USA

Zip
32744

Country
USA

4. FEI Number **59-3712326**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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, President** DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	KOPKA, PETER T	
STREET ADDRESS	3145 TIBURON LANE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPKA, COLLEEN E	
STREET ADDRESS	3145 TIBURON LANE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kopka, Peter T	
STREET ADDRESS	PO Box 907	
CITY-ST-ZIP	Lake Helen FL 32744	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kopka, Colleen E	
STREET ADDRESS	PO Box 907	
CITY-ST-ZIP	Lake Helen FL 32744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cooke, Alan B Jr.	
STREET ADDRESS	190 E. Park St.	
CITY-ST-ZIP	Lake Helen FL 32744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, President** DATE **4/30/03** DAYTIME PHONE # **386-532-2399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)