

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90167 033 ***163.75

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DOCUMENT # P01000050012

1. Entity Name
DIRT DEVIL GRADING SERVICE, INC.



Principal Place of Business
3050 SMITH ROAD
NAPLES FL 34117

Mailing Address
P O BOX 990856
NAPLES FL 34117



2. Principal Place of Business

3. Mailing Address

P.O. BOX 990856

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2692 PONCE DE LEON DR.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

NAPLES, FL

NAPLES, FL

4. FEI Number 59-3744018

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34116

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, ENRIQUE
3050 SMITH ROAD
NAPLES FL 34117

Name ENRIQUE ALVAREZ II

Street Address (P.O. Box Number is Not Acceptable)
2692 PONCE DE LEON DR.

City NAPLES

FL

Zip Code 34105

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, ENRIQUE	
STREET ADDRESS	P O BOX 990856	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03 239 734-1127

Date

Daytime Phone #

CR2E034 (10/02)