


02-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO 1000051598	
Entity Name Buffalo Valley Excavating	

FILED
03 JUL -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750888		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ronald E Anderson - ATTY	
	Street Address (P.O. Box Number is Not Acceptable)	
	1537 poplar Dr City Ormond Beach FL Zip Code 32174	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	(P) Patricia Marcus 1394 Buckles Rd Pierson Fla 32180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300021406943 07/09/03--01009--032 **300.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Marcus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

7/1/03

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

May 22, 2003

To whom it may concern

This letter is to inform your office of the problems made by the state processor who entered updated information on our UBR form from the year of 2001. Please find enclosed a copy of the UBR form submitted by our office updating the mailing address and principal place of business. After speaking to the dep of state, your office advised me due to the errors made by the state all penalties would be waved and to submit a check for \$300. 00 written to the dep of state for the years of 2002 and 2003. Enclosed you will find the UBR form and a check. Our office thanks you ever so much for taking care of this matter.

Sincerely,
Patricia Marcus

Buffalo Valley Excavating Contractors, Inc