

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90152 019 ***150.00

DOCUMENT # P01000063819

1. Entity Name
ECLIPSE EXCAVATION & TRUCKING INC.

Principal Place of Business
8879 W. COLONIAL DRIVE #106
OCOOEE FL 34761

Mailing Address
8879 W. COLONIAL DRIVE #106
OCOOEE FL 34761

401404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~STATE #8 ADDRESS~~
 Suite, Apt. #, etc.
8412 ROSE GROVES RD.
 City & State
ORLANDO, FL.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.
 City & State

4. FEI Number **41-2034391**
~~593564474~~
 Applied For
 Not Applicable

Zip
32818
 Country
ORANGE

Zip
 Country

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

6. Name and Address of Current Registered Agent

HIRALAL, MAHINDRA
8412 ROSE GROVES ROAD
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
 NAME **P.D. MAHINDRA HIRALAL**
 STREET ADDRESS **8879 W. COLONIAL DR. #106**
 CITY-ST-ZIP **OCOOEE, FL. 34761**
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHINDRA HIRALAL 4-20-02 407-468-9237
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)