

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90955 020 ***150.00

DOCUMENT # P01000096690

1. Entity Name
J. R. C. BACKHOES SERVICE & TRUCKING COMPANY



Principal Place of Business
5044 NW 105 DRIVE
CORAL SPRINGS FL 33076

Mailing Address
5044 NW 105 DRIVE
CORAL SPRINGS FL 33076

14100 Palmetto Turnpike

2. Principal Place of Business
104

3. Mailing Address
14100 Palmetto Turnpike R.
104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

4. FEI Number
65-1146357

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
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

CELIS, NESTOR A
227 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071

Name
Celis, Nestor A

Street Address (P.O. Box Number is Not Acceptable)

3831 SW 160 Ave

City
Micromar,

FL

Zip Code
33027

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☐ Delete
NAME
CELIS, NESTOR A
STREET ADDRESS
227 LAKEVIEW DR
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition
NAME
CELIS, NESTOR A
STREET ADDRESS
3831 SW 160 Ave
CITY-ST-ZIP
Micromar, FL, 33027

TITLE ☐ Delete
NAME
STD
CASTRILLON, RENE
STREET ADDRESS
5044 NW 105 DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL 33076

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-03 786-2519008

Date

Daytime Phone #

CR2E034 (10/02)