

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90064 016 ***150.00

DOCUMENT # P02000014538

1. Entity Name
FLORIDA SITEWORK CONTRACTORS INC.



Principal Place of Business
**POST OFFICE BOX 235
SUMMERFIELD FL 34482**

Mailing Address
**POST OFFICE BOX 235
SUMMERFIELD FL 34482**



2. Principal Place of Business

3. Mailing Address

P.O. Box 235
Suite, Apt. #, etc.

P.O. Box 235
Suite, Apt. #, etc.

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number

03-0384527

Applied For

Not Applicable

Zip

34492

Country

MARION

Zip

34492

Country

MARION

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

**HOBBY, LEWIS L JR.
7525 S.E. HIGHWAY 42
SUMMERFIELD FL 34482**

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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HOBBY, LEWIS L JR.**
STREET ADDRESS **POST OFFICE BOX 235**
CITY-ST-ZIP **SUMMERFIELD FL 34482**

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

TITLE **TD** ☐ Delete
NAME **HOBBY, MARY B**
STREET ADDRESS **POST OFFICE BOX 235**
CITY-ST-ZIP **SUMMERFIELD FL 34482**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

L. Hobby Jr 3/17/03 427-7448

CR2E034 (10/02)