

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 002 ***150.00

DOCUMENT # P02000014743

1. Entity Name
C.B.T. EXCAVATIONS, INC.



Principal Place of Business
106 FIESTA DRIVE
ORMOND BEACH FL 32174

Mailing Address
106 FIESTA DRIVE
ORMOND BEACH FL 32174

2. Principal Place of Business

4057 Bruner Rd.

Suite, Apt. #, etc.

3. Mailing Address

4057 Bruner Rd.

Suite, Apt. #, etc.

City & State

P.O. - FL

City & State

P.O. FL 32129

4. FEI Number

60-0002668

Applied For

Not Applicable

Zip

32129

Country

101

Zip

32129

Country

101

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VANDIVER, BRIAN
106 FIESTA DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name BRIAN Vandiver
Street Address (P.O. Box Number is Not Acceptable)
4057 Bruner Rd.
City Port Orange FL Zip Code 32129

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 Brian Vandiver
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

TITLE D ☐ Delete
NAME VANDIVER, BRIAN
STREET ADDRESS 106 FIESTA DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME VANDIVER, TIMOTHY
STREET ADDRESS 106 FIESTA DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME VANDIVER, CYNTHIA
STREET ADDRESS 106 FIESTA DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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: Brian Vandiver REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03 386-316-9597

CR2E034 (10/02)