

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90964 040 ***150.00

DOCUMENT # P02000036741

1. Entity Name
JEFF ROBERTS EXCAVATING, INC



Principal Place of Business
**2301 11TH STREET
ST. CLOUD FL 34769**

Mailing Address
**2301 11TH STREET
ST. CLOUD FL 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-3032858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, JEFF

**4824 SUNSET ROAD 2301 11th Street
ST. CLOUD FL 34771
34769**

Name

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

2301 11th Street

City **St. Cloud**

FL

Zip Code **34769**

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 ☐ Delete
NAME **P ROBERTS, JEFF**
STREET ADDRESS **4824 SUNSET ROAD**
CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE ☒ Change ☐ Addition
NAME **P Roberts Jeff**
STREET ADDRESS **2301 11th Street**
CITY-ST-ZIP **St. Cloud, Florida 34769**

TITLE ☐ Delete
NAME **V HINES, LISA J**
STREET ADDRESS **4824 SUNSET ROAD**
CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE ☒ Change ☐ Addition
NAME **Hines, Lisa J**
STREET ADDRESS **2301 11th Street**
CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☐ Delete
NAME **S/T**
STREET ADDRESS **Roberts, Marguerite**
CITY-ST-ZIP **138 California Avenue
St. Cloud, FL 34769**

TITLE ☐ Change ☒ Addition
NAME **Roberts, Marguerite**
STREET ADDRESS **138 California Avenue**
CITY-ST-ZIP **St. Cloud, FL 34769**

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:

JEFF ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 407-908-3456

Date Daytime Phone #

CR2E034 (10/02)