

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

DOCUMENT # P02000039583

1. Entity Name

EARTHWORK CONCEPTS INC.



**FILED  
Apr 23, 2003 8:00 am  
Secretary of State**

04-23-2003 90306 033 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9930 S. LECANTO HIGHWAY

3. Mailing Address  
P. O. BOX 1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LECANTO, FL 34461

City & State  
LECANTO, FL 34460

4. FEI Number  
75-3064931

Applied For  
Not Applicable

Zip 34461

Country Citrus

Zip 34460

Country Citrus

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name Danny G. Moman

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

9930 S. LECANTO HIGHWAY

City LECANTO

FL Zip Code  
34461

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/S/T/Director  
Danny G. Moman  
9930 S. Lecanto Hwy  
Lecanto, FL 34461

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Danny G. Moman

April 11, 2003

Date

Daytime Phone #

CR2E034B (12/02)