

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # P02000039583

1. Entity Name

EARTHWORK CONCEPTS INC.



**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.

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

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 P/S/T/Director  
NAME Danny G. Moman  
STREET ADDRESS 9930 S. Lecanto Hwy  
CITY-ST-ZIP Lecanto, FL 34461

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IN THIS SPACE**

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 17, 2003

Date

Daytime Phone #

CR2E034B (12/02)