FILED

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

Apr 29, 2003 8:00 am Secretary of State P02000067552 DOCUMENT # 04-29-2003 90054 037 ***150 00 1. Entity Name COAST TO COAST EXCAVATING, INC. Principal Place of Business Mailing Address 4034 HUNTINGTON ST NE 4034 HUNTINGTON ST NE ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 2. Principal Place of Business Mailing Address 6860 St.RC 20080 Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 64-3691063 Applied For City & State City & State unel nne Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE. RAY 4034 HUNTINGTON ST NE ST PETERSBURG FL 33703 BUSHNE 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) DRESIDENT, VILE-PRESIDENT, TRESURY Change ☐ Addition TITLE Delete TITLE CRAIG VIOLER 6860 ST. RD 471 LEE. RAY NAME ΝΔΜΕ 4034 HUNTINGTON ST NE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-71P BUSANELL FL. 33513 X Delete Addition TITLE TIT! F Change NAME LEE, JILL NAME 4034 HUNTINGTON ST NE STREET ADORESS STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-78P CITY-ST-ZIP D Delete TITLE TITLE --- Change Addition NAME VIDLER, CRAIG NAME STREET ADDRESS 6860 STATE RD 471 STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE VIDLER, JENNIFER NAME NAME STREET ADDRESS 6860 STATE RD 471 STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered