

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90052 016 ***150.00

DOCUMENT # P02000074198

1. Entity Name

RAY'S BACKHOE SERVICES, INC.



Principal Place of Business

**8621 NW 16TH STREET
PEMBROKE PINES FL 33024**

Mailing Address

**8621 NW 16TH STREET
PEMBROKE PINES FL 33024**

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

82-0551318

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

**TYLER, WILLIAM A
5375 STIRLING ROAD
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

William A Tyler

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

6834 Stirling Road

City

DAVIE

FL

Zip Code

33024

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

1/7/03

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 **D** ☒ Delete
NAME **COLLI, WILLIAM A**
STREET ADDRESS **5375 STIRLING ROAD**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **President** ☐ Change ☒ Addition
NAME **Ray P. COLLI**
STREET ADDRESS **8621 NW 16th Street**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **TZFFANY V. COLLI**
STREET ADDRESS **8621 NW 16th STREET**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

Daytime Phone #

CR2E034 (10/02)