

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/13/2003-90094-012-\$150.00-\$150.00

DOCUMENT # P02000122772

1. Entity Name
NEW WORLD EXCAVATION, INC.



FILED

03 MAR 24 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
933 LAKE ELSIE DRIVE
TAVARES FL 32778
US

Mailing Address
933 LAKE ELSIE DRIVE
TAVARES FL 32778
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 597

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ASTATULA, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip
34705-0597

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAHAM, GERARD
933 LAKE ELSIE DRIVE
TAVARES FL 32778

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
ABRAHAM, GERARD
933 LAKE ELSIE DRIVE
TAVARES FL 32778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gerard Abraham 03-11-03-352-455
Date Daytime Phone # 6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)