

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90038 044 ***158.75

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

DOCUMENT # P02000132701		
1. Entity Name EXCAVATING TRENCH CORPORATION		
Principal Place of Business C/O LEIBY TAYLOR STEARNS LINKHORST 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322		Mailing Address C/O LEIBY TAYLOR STEARNS LINKHORST 1390 N. UNIVERSITY DRIVE PLANTATION, FL 33322
2. Principal Place of Business 7950 NW 74th St.		3. Mailing Address PO Box 171308
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Medley, FL		City & State Hialeah, FL
Zip 33166	Country US	Country US
4. FE Number 05-0545798		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEIBY, LARRY R 1390 N. UNIVERSITY DRIVE FT. LAUDERDALE, FL 33322		
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when replacing) Signature, typed or printed name of registered agent, and title if applicable. 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		
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: <i>Arthur C. Spitzer, Jr.</i> ARTHUR C. SPITZER, JR. 6-30-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		