

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 009 ***150.00

0008221 AT

DOCUMENT # ✓ **P02000133812**

1. Entity Name

DIRTWORKS EXCAVATING AND PAVING CORPORATION



Principal Place of Business
13000 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

Mailing Address
13000 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

P.O. Box 212515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Royal Palm Beach, FL

4. FEI Number

75-3091587

Applied For

Not Applicable

Zip

Country

Zip

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOYANOVICH, MARK
13000 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

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
STOYANOVICH, MARK
13000 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Merry Stoyanovich
13000 Meadowbreeze Dr.
Wellington, FL 33414

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 722-2819

CR2E034 (10/02)