04/30/2004 17:04 6108541001 CARROW DOYI

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000065274

1. Entity Name

C.M. KRISTMAN JR. EXCAVATING, INC.

DO NOT WRITE IN THIS SPACE

14022837

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 6091 SPRUCE POINT CIRCLE	Suite, Apt. #, etc.: SAME
City & State: PORT ORANGE FL	City & State:
Zip: 32128 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0520923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHARLES M KRISTMAN JR

Street Address (P.O. Box Number is Not Acceptable): 6091 SPRUCE POINT CIRCLE

City: PORT ORANGE FL Zip Code: 32128

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: _____ 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $600.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHARLES M KRISTMAN, JR. 6091 SPRUCE POINT CIRCLE PORT ORANGE, FL 32128	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT 4/30/04 586-852-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1