

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90038 018 \*\*\*150.00

**DOCUMENT # P93000088872**

1. Entity Name

**DIRT-TEK, INC.**

Principal Place of Business

**10780 ANDERSON LANE  
LAKE WORTH FL 33467**

Mailing Address

**10780 ANDERSON LANE  
LAKE WORTH FL 33467**

**00028483**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**17267 76th ST N**

3. Mailing Address

**17267 76th ST N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LOXAHATCHEE**

City & State

**LOXAHATCHEE**

4. FEI Number

**65-0460935**

Applied For

Not Applicable

Zip

**33470**

Country

**FLORIDA**

Zip

**33470**

Country

**FLORIDA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, JEFFREY V ESQ.  
500 E BROWARD BLVD  
STE 1850  
FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name **CARL BICE**

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

**17267 76th ST N**

City **LOXAHATCHEE**

FL

Zip Code **33470**

**33470**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/21/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NUTBROWN, BARBARA L	
STREET ADDRESS	10780 ANDERSON LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NUTBROWN, JOHN W	
STREET ADDRESS	10780 ANDERSON LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Press PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL I. BICE	
STREET ADDRESS	17267 76th ST N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBECCA L. BICE	
STREET ADDRESS	17267 76th ST N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

**3/21/01 (501) 753-3542**

Date Daytime Phone

CR2E034 (10/00)