FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2002 8:00 am § Secretary of State **DOCUMENT #** P94000010509 1. Entity Name 04-30-2002 90086 008 \*\*\*150 CUSTOM TRACTOR WORK, INC. Principal Place of Business Mailing Address 26118 NW CR 239 26118 NW CR 239 ALACHUA FL 32615 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3227063 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 26118:N.W. CR. 239 ALACHUA FL 32615 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change Addition ROSS, JOSEPH G NAME NAME STREET ADDRESS 26118 N.W. CR 239 STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSS, FANNIE V NAME STREET ADDRESS 26118 N.W. CR 239 STREET ADDRESS CITY-ST-7IP ALACHUA FL 32615 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME ROSS, CALVIN E NAME 4248 NW 13 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32605** CITY-ST-ZIP Delete TITLE ☐ Change Addition ROSS, EDWARD H NAME STREET ADDRESS 26118 NW CR 239 STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

MWRK &ZOURED