

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

DOCUMENT # **P94000015347**

1. Entity Name
MIKE'S BACKHOE SERVICE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAR 24 PM 2:02

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business

same

3. Mailing Address

19960 SW 292 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

4. FEI Number

65-0570135

Applied For

Not Applicable

Zip

Country

33030

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL Williams

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

19960 SW 292 ST.

City

HOMESTEAD

FL

Zip Code

33030

**DO NOT WRITE
IN THIS SPACE**

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

Michael Williams

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

(NOTE: Registered Agent signature required when reinstating)

3/22/04

DATE

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

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Williams, Michael L
19960 SW 292 ST.
HOMESTEAD, FL. 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gregson, Jane
15401 SW 260 ST
Hmstcl. FL 33032** ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**900031847119
04/05/04--01073--011 **300.00**

TITLE
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CITY-ST-ZIP
**900031847119
04/05/04--01073--012 **8.75**

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Michael Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04 (205) 258-6119

Date

Daytime Phone #

Mikes Backhoe Service, Inc.

19960 SW 292 Street
Homestead, Florida 33030
(305)258-6119

March 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

RE: Mike's Backhoe Service, Inc.
Doc# P94000015347

To Whom it May Concern,

We are enclosing our annual report for the year 2003. It has come to our attention that our corporation was involuntary dissolved. We never received the original report as our registered agent never forwarded the original and we believed he would file the return on our behalf.

Please note we have changed our registered agent and address and would appreciated that the penalty for late filing be waived for reasonable cause.

Thank you in advance for your attention in this matter.

Sincerely,



Mike Williams, President
Mike's Backhoe Service, Inc.