

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0414261 AV

DOCUMENT # P94000066386

1. Entity Name

**FLORIDA DIRECTIONAL BORING, EQUIPMENT, & SUPPLIE
S, INC.**

02-11-2002 90110 013 ***150.00

Principal Place of Business

**13338 INTERLAKEN ROAD
ODESSA FL 33556**

Mailing Address

**13338 INTERLAKEN ROAD
ODESSA FL 33556**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3283541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWARTZ, RONALD R
18045 JORENE ROAD
ODESSA FL 33556**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SPIVEY, STEVE	
STREET ADDRESS	28315 SONNY DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPIVEY, SANDRA L	
STREET ADDRESS	5852 S. GARCIA RD	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, VERLYN E	
STREET ADDRESS	5852 S. GARCIA RD	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, TIM M	
STREET ADDRESS	14521 BOLAND AVE.	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, JIM V	
STREET ADDRESS	14315 WADSWORTH DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZAR, COLETTE S	
STREET ADDRESS	3324 HAYSTACK RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	

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
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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:

Colette Spivey Lazar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-02 (813-226-8846)

CR2E034 (9/01)