

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90237 037 ***150.00

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1. Entity Name

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



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

Zip

Country

Zip

Country

4. FEI Number

59-328354 91

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03
Date

813 926 8846
Daytime Phone #

CR2E034 (10/02)