

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0188205 AV

DOCUMENT # P94000081017

1. Entity Name  
ASSOCIATED EARTH MOVERS, INC.



FILED

03 OCT 15 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

875 NE 48 ST  
#333  
DEERFIELD BEACH FL 33-0645

Mailing Address

875 NE 48 ST  
#333  
DEERFIELD BEACH FL 33-0645

2. Principal Place of Business

7454 W. MISS MAGGIE DR.

3. Mailing Address

7454 W. MISS MAGGIE DR.

Suite, Apt. #, etc.

HOUSE

Suite, Apt. #, etc.

HOUSE

City & State

HOMOSASSA FL

City & State

HOMOSASSA, FL.

Zip

34448

Country

CITRUS

Zip

34448

Country

CITRUS

REINSTATEMENT

4. FEI Number

65-0539262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEAN, LESLIE F

875 NE 48 ST #333

DEERFIELD BEACH FL 33064

7. Name and Address of New Registered Agent

Name

LESLIE F. DEAN

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

7454 W. MISS MAGGIE DR

City

HOMOSASSA

FL

Zip Code

34448

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 *Leslie F. Dean*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-03

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 P  
NAME DEAN, LESLIE F  
STREET ADDRESS 875 NE 48 ST #333  
CITY-ST-ZIP DEERFIELD BEACH FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DEAN, LESLIE F.  
STREET ADDRESS 7454 WEST MISS MAGGIE DR.  
CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Leslie F. Dean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03

Date

352-382-7846

Daytime Phone #

CR2E034 (10/02)