2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 31, 2002 8:00 am **Secretary of State** P94000088729 DOCUMENT # 1. Entity Name 03-31-2002 90355 027 ***150.00 MAINOR BACKHOE SERVICE, INC. Principal Place of Business Mailing Address BUU54174 5450 NE HWY 41 5450 NE HWY 41 WILLISTON FL 32696 WILLISTON FL 32696 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3282168 Not Applicable Zip Country 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 MAINOR, SHIRLENE Street Address (P.O. Box Number is Not Acceptable) 609 SE 4.DR WILLISTON FL 32698 City 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BHE ☐ Delete TITLE (9/01 ☐ Change ☐ Addition NAME MAINOR, LUTHER W NAME STREET ADDRESS 5480 NE HWY 41 STREET ADDRESS **CR2E034** CJTY-ST-ZIP CITY-ST-ZIP WILLISTON FL TISTE ☐ Delete MLE ☐ Chance ☐ Addition NAME NAME MAINOR, SHIRLENE STREET ADDRESS STREET ADDRESS 5450 NE HWY 41 CITY-ST-ZIP . WILLISTON FL CITY-ST-ZIP_ TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED