

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90029 032 ***150.00

DOCUMENT # P95000007504

1. Entity Name

E.J. \$ BACKHOE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1961 County Road 209-B
Suite, Apt. #, etc.

3. Mailing Address

1961 County Rd 209-B
Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

4. FEI Number

59-3295416

Applied For

Not Applicable

Zip
32043

Country
USA

Zip
32043

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Judith J. Depratter

Street Address (P.O. Box Number is Not Acceptable)
1961 County Rd 209-B

City Green Cove Springs FL Zip Code 32043

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Eddie Joe Depratter
STREET ADDRESS 1961 County Rd 209-B
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE V.P.-Sec-D
NAME Judith J. Depratter
STREET ADDRESS 1961 County Rd 209-B
CITY-ST-ZIP Green Cove Springs, FL 32043

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1504 404-509-2883

CR2E034B (12/02)