

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 021 ***150.00

DOCUMENT # P95000012845

1. Entity Name
SUNCOAST EXCAVATING SERVICES, INC.

Principal Place of Business

10569 228 LANE S.
BOCA RATON FL 33428

Mailing Address

10569 228 LANE S.
BOCA RATON FL 33428

2. Principal Place of Business

5064 LANTANA RD.

Suite, Apt. #, etc.

APT. 6109

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

3. Mailing Address

5064 LANTANA RD.

Suite, Apt. #, etc.

APT. 6109

City & State

LAKE WORTH, FL

Zip

33463

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0572418

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
-Fee Required.

6. Name and Address of Current Registered Agent

MURPHY, PAUL

10569 228 LANE S.

BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

5064 LANTANA RD.

APT. 6109

City

LAKE WORTH

FL

Zip Code

33463

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

TITLE **D** ☐ Delete
 NAME **MURPHY, PAUL**
 STREET ADDRESS **10569 228 LANE S.**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5064 LANTANA RD., APT. 6109**
 CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Paul Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

561-868-5678

Daytime Phone #

CR2E034 (9/01)