FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90060 040 ***150.00

DOCUMENT # P.95000022112

1. Entity Name

MAGNUM EXCAVATING INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2308 TROPICAIRE	2308 TROPICAIRE
Suite, Apt. #, etc. BLVD	Suite, Apt. #, etc. Blvd
City & State N. PORT FL	City & State N. PORT FL
Zip 34286 Country USA	Zip 34286 Country USA

4. FEI Number 65-0565656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DELETE OLD

DO NOT WRITE IN THIS SPACE

Delete
THOMAS MCCENNON
1861 PLACIDA Rd, ENGLEWOOD, FL

7. Name and Address of Current Registered Agent - NEW

Name DAMIAN OZARK

Street Address (P.O. Box Number is Not Acceptable) 2308 MANATEE AVE W

City BRADENTON FL Zip Code 34205

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 DAMIAN OZARK 3-1-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 ADDITIONS

TITLE VP NAME THOMAS J. RITZMANN STREET ADDRESS 2308 TROPICAIRE Blvd CITY-ST-ZIP N. PORT, FL 34287	TITLE NAME RANDY TAYLOR Delete STREET ADDRESS 2901 Avenue of Americas CITY-ST-ZIP Englewood, FL 34224
TITLE P NAME C. L. AYCSWORTH STREET ADDRESS 2308 TROPICAIRE Blvd CITY-ST-ZIP N. PORT, FL 34286	TITLE NAME ANDREW PUSZKAR Delete STREET ADDRESS 6242 TROPICAIRE Blvd CITY-ST-ZIP N. PORT, FL 34286
TITLE D NAME CHUCK PAIM STREET ADDRESS 6304 TROPICAIRE Blvd CITY-ST-ZIP N. PORT, FL 34286	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME R. L. TAYLOR Delete STREET ADDRESS 61 PINE HURST TR. CITY-ST-ZIP PLACIDA, FL. 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

COR E034B (12/01)

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

SIGNATURE: C. L. Aycsworth 3-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #