

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90212 037 ***150.00

DOCUMENT # P95000022112

1. Entity Name
MAGNUM EXCAVATING, INC.



Principal Place of Business
**2308 TROPICAIRE BLVD
NORTH PORT FL 34286**

Mailing Address
**2308 TROPICAIRE BLVD
NORTH PORT FL 34286**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 7537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. PORT, FL

Zip

Country

34287

USA

4. FEI Number

65-0565656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OZARK, DAMIAN
2308 MANATEE AVE W
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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 _____

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 **VP** ☐ Delete
NAME **RITZMAN, THOMAS J**
STREET ADDRESS **2308 TROPICAIRE BLVD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **P** ☐ Delete
NAME **AYLSWORTH, C L**
STREET ADDRESS **2308 TROPICAIRE BLVD**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **D** ☒ Delete
NAME **PALM, CHUCK**
STREET ADDRESS **2308 TROPICAIRE BLVD**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **C. AYLSWORTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

941-270 0226

Date Daytime Phone #

CR2E034 (10/02)