

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90003 020 ***550.00

DOCUMENT # P95000022799

1. Entity Name
PAT DOLAND BACKHOE SERVICES, INC.

Principal Place of Business

Mailing Address

3601 S.W. 39TH AVENUE
 HOLLYWOOD FL 33023

3601 S.W. 39TH AVENUE
 HOLLYWOOD FL 33023-6258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0681502

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DOLAND, PAT~~
~~3601 S.W. 39TH AVENUE~~
~~HOLLYWOOD FL 33023~~

Name **R. KEVIN CROSS, E.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1930 TYLER STREET
 City **HOLLYWOOD** **FL** Zip Code **33020**

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]
R. KEVIN CROSS

6/15/2000
 DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOLAND, PAT	
STREET ADDRESS	3601 S.W. 39TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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]
PAT DOLAND, President

6/15/2000
 Date

954/987-2205
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 2E034 (1/99)