2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P95000027939** TANGEN EXCAVATING, INC. 04-17-2000 90058 036 ***150.00 Mailing Address Principal Place of Business DOLPHIN DR 1600 DOLPHIN DR TVVIU MARATHON FL 33050-2855 _ FL 33050 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENMAN, FRANKLIN D P.A. Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HIGHWAY SUITE 40 MARATHON FL 33050 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. íí. CR2E034 (9/99) ☐ Addition TITLE DST ☐ Delete DILE NAME TANGEN, GAY ANN STREET ADDRESS CONTRACTOR AND ADDRESS. 1600 DOLPHIN DR CITY-ST-ZIP ST-ZIP MARATHON FL 33050 Change ☐ Addition ☐ Delete TITLE HILLE TANGEN, ROBIN NAME STREET ADDRESS ner i 411178<u>2</u>33 1600 DOLPHIN DRIVE CITY-ST-ZIP MARATHON FL 33050 : TO ST ZIP Delete TITLE Change ■ Addition HILLE NAME ...ugg: ∆DDRESS STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS ...ar: ADDRESS CITY-ST-ZIP ST ZIP Change Addition Delete TITLE STREET ADDRESS : 2:998.9 CITY-ST-ZIP ST - ZIP Change Addition ☐ Oelete TITLE NAME STREET ADDRESS CONTRACTOR SERVICE CITY-ST-ZIP ST-ZIP 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.

FILED