

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073424

1. Entity Name

HARD ROCK EXCAVATORS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90102 013 ***150.00

Principal Place of Business

6235 SHIRLEY ST
NAPLES FL 34109
US

Mailing Address

6235 SHIRLEY ST
NAPLES F 34109-6207
US

2. Principal Place of Business

11477 Longshore Way W
Suite, Apt. #, etc.

3. Mailing Address

11477 Longshore Way W
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3399137

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THERIAULT, BRIAN
6235 SHIRLEY ST
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name THERIAULT BRIAN

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

11477 Longshore Way W

City

Naples

FL

Zip Code

34119

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, 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	THERIAULT, BRIAN	
STREET ADDRESS	11477 LONGSHORE WAY W	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brian Theriault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)