2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000095336

City-St-Zip:

CAPE CORAL, FL 33914

Entity Name: A.D.S. EXCAVATING, INC.

FILED May 01, 2003 Secretary of State

Current Pr	incipal Place o	New Princ	New Principal Place of Business:				
4622 SW 18 CAPE COR	8TH AVE RAL, FL 33914						
Current Mailing Address:			New Maili	New Mailing Address:			
4622 SW 18 CAPE COR	8TH AVE RAL, FL 33914						
FEI Number:	65-0712563	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of	of Status Desired ()	
Name and	Address of Cu	Name and	Name and Address of New Registered Agent:				
FISCHER, 3 4622 SW 18 CAPE COR		US					
The above in the State		ubmits this statement for the pur	pose of changing i	s registered	office or regi	stered agent, or both,	
SIGNATUR	!E:						
	Electronic	t	Date				
Election Cam	naign Einancing	Trust Fund Contribution ().					
	AND DIRECT	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ()E FISCHER, SAND 4622 SW 18TH A CAPE CORAL, FI	VE	Title: Name: Address: City-St-Zip:	() Change () /	Addition	
Title: Name: Address: City-St-Zip:	V ()E FISCHER, DAVE 4622 SW 18TH A CAPE CORAL, FI	VE	Title: Name: Address: City-St-Zip:	() Change () /	Addition	
Title: Name:	D ()[RHEA, SUE 1610.5 W 16TH	Delete	Title: Name:	D () RHEA, SUE	⟨() Change(()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

CAPE CORAL, FL 33914

SIGNATURE: SANDRA FISCHER P 05/01/2003