FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name JR'S EXCAVATION SCOULE INC



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90168 028 ***150.00

	P	97000	084785					
	DO N	OT WRITI	E IN THIS SP					
2. Principal P	lace of Busin	ess	3. Mailing Address		Traffication and an		•	
667 Suite, Apt.	4. Bell #. etc.	Rd	1659 OPEN Suite, Apt. #, etc.	Field Lo	90	DO.NOT.WRITE	E.IN.THIS SPAC	DE
City & State			City & State			4. FEI Number		Applied For
Si prof		Country .	Brandon	Country Country		3470268		Not Applicable 75 Additional
342	40	SArAsota	^{zip} 33510	Hills.		5. Certificate of Status Desired	Fee	Required
7. Name and Address of Current Registered Agent Name Should V TITO HA CHA								
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)								
	H	V THIS SI	PACE	2	 DIO	Pine Terr	roe	
				City	ΣαC	a501A	FL 2	Zin 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	A	helle K	OHO (NOTE)	Registered Agent signal	ura raquirad	subtran (ainclation)	2=2	8-03
Sign (a Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 -9. Election Campaign Financing \$5.00 May Be								
	Amended	UBR is \$61.25 Florida Department o	of State			Trust Fund Contribution.		Added to Fees
10.	Descri	OFFICERS AND	DIRECTORS	THE STATE OF THE SAME		ing Company of the Co		
NAME (R. Avera.		NAME	1. 李丽传说			
STREET ADDRESS CITY ZIP	1659 Bran	open Field	100A	STREET ADDRESS CITY - ST - ZIP	* 5.		3	· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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CITY-ST-ZIP				CITY-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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR