

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2000 8:00 am
Secretary of State**

02-11-2000 90019 029 ***150.00

DOCUMENT # P97000089413

1. Entity Name

RALPH PLANK EXCAVATING, INC.

Principal Place of Business

**7854 SADDLE CREEK TRAIL
SARASOTA FL 34241**

Mailing Address

**7854 SADDLE CREEK TRAIL
SARASOTA FL 34241-9619**

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 **65-0793439**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****B0017872**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PLANK, RALPH E
7854 SADDLE CREEK TRAIL
SARASOTA FL 34241****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip 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.

SIGNATURE

Ralph Plank

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-009. 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	P	<input type="checkbox"/> Delete
NAME	PLANK, RALPH E.	
STREET ADDRESS	7854 SADDLE CREEK TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PLANK, TERRY C.	
STREET ADDRESS	7854 SADDLE CREEK TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	

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

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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
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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:*Ralph Plank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-00

Date

941 922 2616

Daytime Phone #