

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098522

1. Entity Name

T & J BOBCAT & EXCAVATING, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90353 042 ***150.00

Principal Place of Business

Mailing Address

9391 NW 26TH PLACE
SUNRISE FL 33322
US

9391 NW 26TH PLACE
SUNRISE FL 33322
US

2. Principal Place of Business

3. Mailing Address

1622 N. L Street
Suite, Apt. #, etc.

1622 North L. Street
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

LAKE WORTH

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-0796395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBROW & DUKER
2832 UNIVERSITY DR
CORAL SPRINGS FL 33065

Name

Thomas J. Tedesco, Jr.

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

1557 N. Pine Island Rd.

City

Plantation

FL

Zip Code

33328

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME BAYLIFF, TRACY
STREET ADDRESS 9391 N2 26TH PL
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE PSTD
NAME BAYLIFF, TRACY
STREET ADDRESS 1622 N. L Street
CITY-ST-ZIP LAKE WORTH, FL. 33460 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Tracy L. Bayliff

Date

Daytime Phone #

4-24-01 (954) 907-0876

CR2E034 (10/00)