

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000064806**1. Entity Name
EARTHWORKS CONTRACTING, INC.

Principal Place of Business

4533 PARK CITY ROAD

HAINES CITY

33844

FL

Mailing Address

4533 PARK CITY ROAD

HAINES CITY

33844

FL

2. Principal Place of Business

4533 POLK CITY ROAD

3. Mailing Address

4533 POLK CITY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY

FL

City & State

HAINES CITY

FL

Zip

33844

Country

Zip

33844

Country

4. FEI Number

59-3522563

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLOPY ROBERT
4533 POLK CITY ROAD

HAINES CITY

33844

FL

US

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

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

(NOTE: Registered Agent signature required when reinstating)

04/15/2001

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

TITLE AVP
NAME COLLOPY JAMES A
STREET ADDRESS 4533 POLK CITY RD
CITY-ST-ZIP HAINES CITY FL 33844 ☐ DeleteTITLE VP
NAME SCOTT LISA
STREET ADDRESS 9290 LESWOOD ST
CITY-ST-ZIP ORLANDO FL 32825 ☐ DeleteTITLE P
NAME COLLOPY ROBERT W
STREET ADDRESS 4355 POLK CITY RD
CITY-ST-ZIP HAINES CITY FL 33844 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VP,S
NAME SCOTT LISA L
STREET ADDRESS 1200 FOREST LAKE DR.
CITY-ST-ZIP DAVENPORT FL 33837 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: Lisa Scott

VP

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)