

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-21-2002 90883 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004524

1. Entity Name

Kristi's Backhoe Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22689 Thannie Harvey Rd.

Suite, Apt. #, etc.

3. Mailing Address

22689 Thannie Harvey Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanderson, FL

City & State

Sanderson, FL

4. FEI Number

59-3556310

Applied For

Not Applicable

Zip

32087

Country

USA

Zip

32087

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kristi B. Combs

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

22689 Thannie Harvey Road

City

Sanderson

FL

Zip Code

32087

**DO NOT WRITE
IN THIS SPACE**

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

Kristi B. Combs

6/9/02

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D Kristi B. Combs 22689 Thannie Harvey Rd. Sanderson, FL 32087	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristi B. Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)