Applicable Place of Business Walter, Appl. #, otc. Divide Place of Business Suite, Appl. #, otc. Suite, Appl. #, otc. Suite, App	1. Entity Nam	MENT # P9900 BITE EXCAVATING, INC.	00020904	FILED Jan 08, 2001 8:00 am Secretary of State			
Sure, Apt. #, etc. City & Strate	9 VALENTINA	DR.	909 VALENTINA DR.				
Some conting Section			1305 Shady	Coye West			
-6-Name and Address of Current Registered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	HAINES CITY	Florida	Not Applicat		
MALLOY, PATRICK 909 VALENTINA DR. DUNDEE FL 33838 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 Sprawe, fixed or professor or programma agent and life of staplicable. 9. This corporation is eligible to satisfy its Intrangiolo Task fling requirement and elects to do so. (See criteria on back) PA Arter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. 9. This corporation is eligible to satisfy its Intrangiolo Arter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE MAKE 908 VALENTINA DR DUNDEE FL 33838 11. Detelle 11. Change Addition 12. Change Addition 13. Change Addition 14. Change Addition 15. Change Addition 16. Change Addition 17. Change Addition 18. Change			33844	Polk	5. Certificate of status Desired Fee Required		
9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (NOTE: Registered Agent signature required when rentating) 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WAME MALLOY, PATRICK 908 VALENTINA DR DUNDEE FL 33838 IDITE VAME SIRRET ADDRESS CITY-ST-ZIP TITLE VAME SI	909 \ DUNI	/ALENTINA DR. DEE FL 33838	nent for the purpose of changing its	City Haw	es City FL 33844		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE WAME MALLOY, PATRICK 908 VALENTINA DR DUNDEE FL 33838 OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete STREET ADDRESS OTY-ST-ZIP Delete TITLE MAME STREET ADDRESS OTY-ST-ZIP Delete		<u> </u>			ed when reinstating) DATE		
TILE AME AME INTERT ADDRESS CITY-ST-ZIP MALLOY, PATRICK 908 VALENTINA DR DUNDEE FL 33838 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE AME TIRET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TIL	Tax filing r	equirement and elects to do so.	After MAY 1, 20	01 Fee will be \$550.00	Trust Fund Contribution Added to Fees		
TITLE Delete Delete TITLE Delete Delete TITLE Delete Delet	ITLE IAME STREET ADDRESS	P MALLOY, PATRICK 908 VALENTINA DR	· <u>-</u>	TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP	IAME ITREET ADDRESS	5011542.12 00000	☐ Delete	NAME STREET ADDRESS	Change Additi		
AMÉ TREET ADDRESS STREET ADDRESS STY-ST-ZIP TITLE AME NAME NAME NAME NAME STREET ADDRESS	AME Treet address	• w com-	□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addith		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	IAME TREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi		
TILE Delete DTIF Change Addition	IAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addith		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	IAME STREET ADDRESS		□ Delete	STREET ADDRESS	☐ Change ☐ Additi		
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: April April	indicated of the corp changed,	on this report or supplemental re poration or the receiver or trusted or on an attachment with an add	eport is true and accurate and that no e empowered to execute this report	ny signature shall have the as required by Chapter 60	same legal effect as if made under oath; that I am an officer or directo 07, Florida Statutes; and that my name appears in Block 11 or Block 12		