

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077126

1. Entity Name
DITCHDIGGERS, INC.

Principal Place of Business
1050 OLD DIXIE HIGHWAY, SOUTHWEST
VERO BEACH FL 32962

Mailing Address
1050 OLD DIXIE HIGHWAY, SOUTHWEST
VERO BEACH FL 32962-5619

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

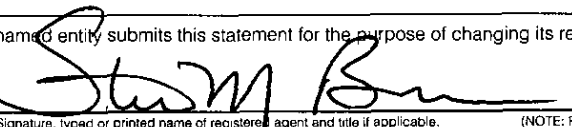
6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Steven M. Bowen**
Street Address (P.O. Box Number is Not Acceptable)
1050 Old Dixie Hwy, S.W.
City **Vero Beach** FL **32962**

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  DATE **4-18-00**

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, 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 **PSD** ☐ Delete
NAME **HOLMES, ROBERT S**
STREET ADDRESS **1050 OLD DIXIE HIGHWAY, SOUTHWEST**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **VTD** ☐ Delete
NAME **BOWEN, STEVEN M**
STREET ADDRESS **1050 OLD DIXIE HIGHWAY, SOUTHWEST**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-18-00** DAYTIME PHONE # **(561) 562-7641**

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90074 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0945834** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)