

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90552 023 ***150.00

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**

2. Principal Place of Business
4602 Magnum Drive

3. Mailing Address
PO Box 15249



CHECK HERE IF MAKING CHANGES

City & State
Ft. Pierce FL

City & State
Ft. Pierce, FL

4. FEI Number
65-0945834

Applied For
 Not Applicable

Zip
34981

Country
US

Zip
34999

Country
US

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

**HOLMES, ROBERT S
1050 OLD DIXIE HWY, SW
VERO BEACH FL 32962**

Name
Holmes Robert S
Street Address (P.O. Box Number is Not Acceptable)
2751 Tall Pines St
City **Ft Pierce** FL Zip Code **34945**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD	<input type="checkbox"/> Delete
NAME HOLMES, ROBERT S	
STREET ADDRESS 1050 OLD DIXIE HIGHWAY, SOUTHWEST	
CITY-ST-ZIP VERO BEACH FL 32962	
TITLE SD	<input type="checkbox"/> Delete
NAME PAPARELLA, PATRICK J	
STREET ADDRESS 1050 OLD DIXIE HIGHWAY, SOUTHWEST	
CITY-ST-ZIP VERO BEACH FL 32962	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Holmes Robert S	
STREET ADDRESS 4602 MAGNUM Drive	
CITY-ST-ZIP Ft. Pierce, FL 34981	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICK J PAPARELLA	
STREET ADDRESS 4602 MAGNUM Drive	
CITY-ST-ZIP Ft. Pierce, FL 34981	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 772-~~264~~ 502-2641
Date Daytime Phone #

CR2E034 (10/02)