

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110862

1. Entity Name

SOUTHERN UNDERGROUND & DIRECTIONAL BORING INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90126 012 ***158.75

Principal Place of Business

Mailing Address

P. O. BOX 2595

BRANDON FL 33509-2595

P. O. BOX 2595

BRANDON FL 33509-2595

2. Principal Place of Business

3. Mailing Address

206 S. PARSONS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEFFNER FL

4. FEI Number

59-3630462

Applied For

Not Applicable

Zip

Country

Zip

Country

33584 U.S.

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

WELDING, SANDERS
206 S. PARSONS AVE.
SEFFNER FL 33584

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

RALEIGH S. BROOKS
1713 OAK BRANCH CT.
BRANDON, FL 33511

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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Delete

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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: *Raleigh S. Brooks* RALEIGH S. BROOKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-00

813-697-7104

CD000024 10/000