## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # \$77025  1. Entity Name FLORIDA ENVIRONMENTAL EXCAVATORS, INC.				FILED Jan 18, 2000 8:00 am Secretary of State 01-18-2000 90047 031 ***150.00
Principal Place of Business  14030 MUSTANG TRAIL  BAVIE FL 33330  H. IQUOCROALE		Mailing Address 14030 MUSTANG TRAIL BAVE FL 33330-3623 Ft. CAUDERALE		OUUUL LE CONTRA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0293704 Applied For Not Applied by
Zip	Country	Zip .	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
SOVIK, JOHANNES 14030 MUSTANG TRAIL DAVIE FL 33330 Ft. LQUDERDALE			Street Addres City	is (P.O. Box Number is Not Acceptable)  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)   DATE    FILE NOW!!! FEE IS \$150.00   Touch the State of Florida.  10. Election Campaign Financing   Trust Fund Contribution.   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   Trust Fund Contribution.   DATE    **Trust Fund Contribution**				
11.	OFFICERS AND	DIRECTORS	12. •	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOVIK, JOHANNES 5201 SW 186 AVE. FT. LAUDERDALE FL 33332	Delete	STREET ADDRESS 52	Change Ch
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP 15	manuel Kokkinos 8846 NW 11 St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	NAME S  STREET, ADDRESS P  CITY-ST-ZIP 1	Secretary/Trea Patricia Sovik 4030 Mustang Trail
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE F NAME STREET ADDRESS CITY-ST-ZIP	t. Lauderdale, Fl 33330 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ ^ · · · ·
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	strue and accurate and that my owered to execute this report as	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR