

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77025

1. Entity Name

FLORIDA ENVIRONMENTAL EXCAVATORS, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90019 026 ***150.00

Principal Place of Business

Mailing Address

14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330

14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330

A0006275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0293704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOVIK, JOHANNES
14030 MUSTANG TRAIL
FT. LAUDERDALE FL 33330

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, 2001 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 P ☐ Delete
NAME SOVIK, JOHANNES
STREET ADDRESS 5201 SW 186 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE P ☐ Delete
NAME SOVIK, JOHANNES
STREET ADDRESS 5201 SW 186 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33332

TITLE VP ☐ Delete
NAME KOKKINOS, EMMANUEL
STREET ADDRESS 15846 NW 11 ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ST ☐ Delete
NAME SOVIK, PATRICIA
STREET ADDRESS 14030 MUSTANG TRAIL
CITY-ST-ZIP FORT LAUDERDALE FL 33330

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
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Steu...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-01

Date

Daytime Phone #

954-4347404

0274111

CR2E034 (10/00)