

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90195 025 ***150.00

SECRETARY OF STATE

DOCUMENT # 684628

1. Entity Name
FORT CONTRACTING, INC.



Principal Place of Business
**6225 DEER RUN SW
FORT MYERS FL 33908
US**

Mailing Address
**6225 DEER RUN SW
FORT MYERS FL 33908
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2022838**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FORT, STEPHEN E.
6225 DEER RUN SW
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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. 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 **PD** Delete

NAME **FORT, STEPHEN E.**

STREET ADDRESS **6225 DEER RUN SW**

CITY-ST-ZIP **FORT MYERS FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **S** Delete

NAME **FORT, GLORIA D.**

STREET ADDRESS **6225 DEER RUN SW**

CITY-ST-ZIP **FORT MYERS FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **V** Delete

NAME **FORT, STEPHEN E., JR.**

STREET ADDRESS **2107 RIVER RIDGE BLVD**

CITY-ST-ZIP **FT MYERS FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

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CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change 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: *Stephen E. Fort* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 2-13-03 Daytime Phone #: 239-489-0267

CR2E034 (10/02)