

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45311

1. Entity Name

REGISTER CONTRACTING COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

2116 W. BEAVER STREET  
JACKSONVILLE FL 32209

2116 W. BEAVER STREET  
JACKSONVILLE FL 32209-7535

2. Principal Place of Business

540 N. Lane Avenue

3. Mailing Address

P.O. Box 43176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32254

City & State

Jacksonville, FL

4. FEI Number

59-2119580

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32203

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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

TITLE P  Delete  
NAME REGISTER, GARY E  
STREET ADDRESS 1839 TURNBERRY COURT  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ACS  Delete  
NAME CHILDERS, BEN H III  
STREET ADDRESS 115 32ND AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE S  Delete  
NAME WALLICK, GREGG  
STREET ADDRESS 951 S. ANDREWS AVENUE  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE T  Delete  
NAME EBY, DALE  
STREET ADDRESS 915 S. ANDREWS AVENUE  
CITY-ST-ZIP POMPANO BEACH FL 33069

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 1963 Salt Myrtle Lane  
CITY-ST-ZIP Orange Park, FL 32073

TITLE  Change  Addition  
NAME  
STREET ADDRESS 400003291644-3  
CITY-ST-ZIP -06/15/00--01083--007  
\*\*\*\*158.75 \*\*\*\*158.75

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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:

Gary E. Register, President

Date

4/30/00

Daytime Phone #

FILED

00 MAY 23 AM 8:35

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE