

DOCUMENT # P99000069126

1. Entity Name  
NATIONAL CONTRACTING SERVICES, INC.

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90038 032 \*\*\*150.00

Principal Place of Business  
8105 PLANTATION DRIVE  
ORLANDO FL 32810

Mailing Address  
8105 PLANTATION DRIVE  
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
875 ABSHER LN

3. Mailing Address  
875 ABSHER LN

City & State  
ST. Cloud FL

City & State  
ST. Cloud FL

4. FEI Number 59-3591205  
Applied For  
 Not Applicable

Zip 34771 Country USA

Zip 34771 Country USA

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

6. Name and Address of Current Registered Agent  
RINEHART, JEFFREY D  
8105 PLANTATION DRIVE  
ORLANDO FL 32810

7. Name and Address of New Registered Agent  
Name: JEFF D RINEHART  
Street Address (P.O. Box Number is Not Acceptable): 875 ABSHER LN  
City: ST. Cloud FL Zip Code: 34771

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: *Jeff D Rinehart* president  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 1/02/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD RINEHART, JEFFREY D 8105 PLANTATION DRIVE ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STRAND, NIEL J 9859 HONEYSUCKLE DRIVE SEBASTIAN FL 32976 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RINEHART, JEFFREY D 875 ABSHER LN ST. Cloud FL 34771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeff D Rinehart* president  
Signature and typed or printed name of signing officer or director  
Date: 1/02/01  
Daytime Phone #: 800-822-4133

CR2E034 (10/00)