

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20859

1. Entity Name

CONTRACT CONSTRUCTION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90072 029 ***150.00

Principal Place of Business

1193 ENTERPRISE DR
BLDG A-UNIT 5
PT CHARLOTTE FL 33953
US

Mailing Address

1193 ENTERPRISE DR
BLDG A UNIT 5
PT CHARLOTTE FL 33953-3854
US

2. Principal Place of Business

1193 Enterprise Dr.

Suite, Apt. #, etc.

Unit 105

City & State
Pt. Charlotte, FL

Zip
33953

Country
USA

3. Mailing Address

1193 Enterprise Dr.

Suite, Apt. #, etc.

Unit 105

City & State
Pt. Charlotte, FL

Zip
33953

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2060804**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBRECHT, ARTHUR
1313 HARBOR BLVD
PORT CHARLOTTE FL 33952

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 **PT** ☐ Delete
NAME **ALBRECHT, ARTHUR**
STREET ADDRESS **1313 HARBOR BLVD**
CITY-ST-ZIP **PORT CHARLOTTE, FL 00000**

TITLE **VS** ☐ Delete
NAME **ALBRECHT, MARY CATHERINE**
STREET ADDRESS **1313 HARBOR BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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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:

Arthur Albrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)