

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90045 010 ***150.00

0342466

DOCUMENT # 586891

1. Entity Name
ARGUS CONTRACTORS, INC.

Principal Place of Business
~~4800 W CYPRESS ST~~
~~451~~
~~TAMPA FL 33607~~
~~US~~

Mailing Address
~~4800 W CYPRESS ST~~
~~451~~
~~TAMPA FL 33607~~
~~US~~

646244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TWO URBAN CENTRE
 Suite, Apt. #, etc.
4890 W. KENNEDY BLVD. S. 260

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
TAMPA, FL
 Zip
33609

Country
USA

City & State

Zip

Country

4. FEI Number **59-1853473**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FELDER, BENJAMIN ESQ.
1505 N FLORIDA AVE
TAMPA FL 33601

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, 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
PT
CLENDENING, JAMES W.
~~4800 W. CYPRESS STREET., STE 451~~
~~TAMPA FL~~

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
BACKER, CHERIE K
~~4800 W. CYPRESS ST., STE 451~~
~~TAMPA FL~~

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
4890 W. KENNEDY BLVD. S. 260
TAMPA, FL 33609

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
4890 W. KENNEDY BLVD. S. 260
TAMPA, FL 33609

TITLE
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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 813-287-0667

Date

Daytime Phone #

CR2E034 (10/00)