

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90075 004 \*\*\*150.00

**DOCUMENT # F01000001295**

**1. Entity Name**  
**VANGUARD CONTRACTORS, INC.**

**Principal Place of Business**

**960 H.C. MATHIS DR.**  
**PADUCAH KY 42001**

**Mailing Address**

**PO BOX 2850**  
**PADUCAH KY 42002-2850**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**61-0991008**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**C T 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, 2002 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          | <b>P</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>GUESS, CRAIG</b>        |  |
| STREET ADDRESS | <b>PO BOX 2850</b>         |  |
| CITY-ST-ZIP    | <b>PADUCAH KY</b>          |  |
| TITLE          | <b>V</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>SHELBY, TIM</b>         |  |
| STREET ADDRESS | <b>81 MCCracken ROAD</b>   |  |
| CITY-ST-ZIP    | <b>GILBERTSVILLE KY</b>    |  |
| TITLE          | <b>V</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ARNOTT, PAUL</b>        |  |
| STREET ADDRESS | <b>5201 PARK SIDE DR.</b>  |  |
| CITY-ST-ZIP    | <b>PADUCAH KY</b>          |  |
| TITLE          | <b>V</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>BECKETT, STEVE</b>      |  |
| STREET ADDRESS | <b>526 GREEN OAKS LANE</b> |  |
| CITY-ST-ZIP    | <b>BENTON KY</b>           |  |
| TITLE          | <b>V</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>JONES, TODD</b>         |  |
| STREET ADDRESS | <b>910 MAX COURT</b>       |  |
| CITY-ST-ZIP    | <b>CLARKSVILLE TN</b>      |  |
| TITLE          | <b>S</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>HITE, HELEN</b>         |  |
| STREET ADDRESS | <b>321 GERALDINE DRIVE</b> |  |
| CITY-ST-ZIP    | <b>PADUCAH KY</b>          |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>T</b>   |
| STREET ADDRESS | <b>DOUG FORD</b>   |
| CITY-ST-ZIP    | <b>3975 MAYFIELD METROPOLIS ROAD</b><br><b>PADUCAH KY 42001</b>              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/8/2002 270-442-8620**

CR2E034 (9/01)