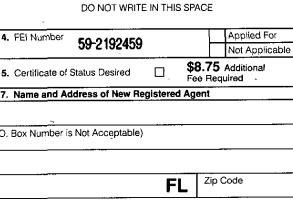
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F84637** 1. Entity Name S & E CONTRACTORS, INC. Mailing Address Principal Place of Business 14561 58TH ST. N. 14561 58TH ST. N. **CLEARWATER FL 33760** CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2192459 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RICHARDS, DARRYL Street Address (P.O. Box Number is Not Acceptable) JOHNSON, BLAKELY, POPE & BOKOR 100 NORTH TAMPA STREET, SUITE 1800 TAMPA FL 33602-5145 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90142 004 ***150.00



\$5.00 May Be

Added to Fees

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11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE	DTS	☐ Delete	TITLE	☐ Change ☐	Addition
NAME	EDDERS, DOUG J		NAME		
STREET ADDRESS	2452 CHANNING CIR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP		
TITLE	Р	Delete	TITLE	☐ Change ☐	Addition
NAME	akers, R. Dean		NAME		
STREET ADDRESS	4607 N. 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP	·第1	
TITLE		Delete	TITLE	Change C	Addition -
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition
NAME	•	•	NAME		
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TITLE		☐ Delete	TITLE	☐ Change	Addition
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TITLE		Delete	TITLE	Change E	Addition
NAME			NAME		
STREET ADDRESS		,	STREET ADDRESS		
CITY-ST-ZIP			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: