## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9600000954

Entity Name

STEADMAN CONTRACTING SERVICES, INC.

1019 DE LA POINTE CAUTIET MS 39553

CITY-ST-ZIP

Principal Place of Business

Mailing Address

1019 DE LA POINTE GAUTIER MS 39553-5501

## 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 64-0841274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COBB, DONALD R Street Address (P.O. Box Number is Not Acceptable) 1519 MARINER'S CIR. **GULF BREEZE FL 32561** Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDC ☐ Delete TITLE Change TITLE NAME STEADMAN, J W JR NAME STREET ADDRESS STREET ADDRESS 1108 LUCAS ST. CITY-ST-ZIP CITY-ST-ZIP **GAUTIER MS 39553** Change Change ☐ Addition Delete TITLE NAME STEADMAN, YVONNE W NAME STREET ADDRESS STREET ADDRESS 1108 LUCAS ST. CITY-ST-ZIP CITY-ST-ZIP **GAUTIER MS 39553** ☐ Change Addition ☐ Delete TIŤLE ٧D TITLE KING, GEORGE W NAME NAME STREET ADDRESS STREET ADDRESS 4906 GRIFFIN ST CITY-ST-7IP CITY-ST-ZIP MOSS POINT MS 39563 ☐ Addition Change TITLE ☐ Delete TITLE DAVIES, GLENDA J NAME NAME STREET ADDRESS STREET ADDRESS 2341 PARK VIEW DR CITY-ST-ZIP CITY-ST-ZIF **GAUTIER MS 39553** TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

FILED

**Secretary of State** 

03-02-2000 90040 002 \*\*\*150.00

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Mar 02, 2000 8:00 am