

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90007 002 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K04519**

1. Entity Name

EMPLOYMENT CONTRACTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1280
SUITE B
LAKE WELLS FL
USPO BOX 1280
LAKE WORTH FL 33460-1280
US**A0066179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0072185**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VONDRAK, RICHARD B
13 SABAL ISLAND DRIVE
OCEAN RIDGE FL 32065

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 (optional)

(NOTE: Registered Agent signature required when reappointing)

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 \$450.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
POC	PERSHING, ROBERT	☐ Change ☐ Addition	
STREET ADDRESS	2280 OAK HILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO 80919	CITY-ST-ZIP	
DB	VONDRAK, RICHARD B.	☐ Change ☐ Addition	
STREET ADDRESS	13 SABAL ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	CITY-ST-ZIP	
VD	BURNETTE, M. C.	☐ Change ☐ Addition	
STREET ADDRESS	11811 AVE PGA 5-18	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDS FL	CITY-ST-ZIP	
President	Ray Saddy	☐ Change ☐ Addition	
STREET ADDRESS	1570 LAFAYETTE ST WILT 550	STREET ADDRESS	
CITY-ST-ZIP	LAKE. CO 80202	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Signature Title