

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90117 020 ***150.00

DOCUMENT # K15099

1. Entity Name

CONTRACT SOLUTIONS, INC.

Principal Place of Business

Mailing Address:

**524 PAUL MORRIS DRIVE
 STE A
 ENGLEWOOD FL 34223
 US**

**PO BOX 1677
 ENGLEWOOD FL 34295-1677
 US**

2. Principal Place of Business

3. Mailing Address

517 PAUL MORRIS DRIVE

Suite, Apt. #, etc.
STE D4

Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State

4. FEI Number **65-0031409**

Applied For
 Not Applicable

Zip
34223

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERIDAN, THOMAS
 1841 GALE STREET
 ENGLEWOOD FL 34223**

Name
THOMAS J. SHERIDAN

Street Address (P.O. Box Number is Not Acceptable)
145 SABAL COURT

City
ENGLEWOOD

FL

Zip Code
34223

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

THOMAS J. SHERIDAN, PRESIDENT

01/07/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SHERIDAN, THOMAS 1841 GALE STREET ENGLEWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SHERIDAN, THOMAS 145 SABAL COURT ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

THOMAS J. SHERIDAN, PRESIDENT

01/07/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)