

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90196 005 \*\*\*550.00

**DOCUMENT # K15099**

1. Entity Name  
**CONTRACT SOLUTIONS, INC.**



Principal Place of Business  
**517 PAUL MORRIS DR**  
**STE-D4**  
**ENGLEWOOD FL 34223**  
**US**

Mailing Address  
**PO BOX 1677**  
**ENGLEWOOD FL 34295**  
**US**

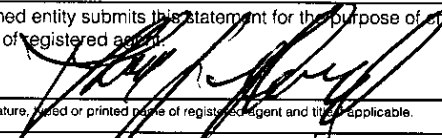


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0031409</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHERIDAN, THOMAS</b>				Name <b>Sheridan Thomas</b>			
<b>145 SABAL CT</b>				Street Address (P.O. Box Number is Not Acceptable) <b>1800 Bayshore Dr.</b>			
<b>ENGLEWOOD FL 34223</b>				City <b>Englewood</b> FL Zip Code <b>34223</b>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **08/02/02**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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		
TITLE	<b>PTS</b>	<input type="checkbox"/> Delete	TITLE	<b>PTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERIDAN, THOMAS</b>		NAME	<b>Sheridan, Thomas</b>	
STREET ADDRESS	<b>145 SABAL CT</b>		STREET ADDRESS	<b>1800 Bayshore Dr.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>		CITY-ST-ZIP	<b>Englewood FL 34223</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **08/02/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)