

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90004 032 \*\*\*550.00

**DOCUMENT # M79536**

1. Entity Name

**CONTRACT FINISHING SERVICES, INC.**

Principal Place of Business

4225 N. HUBERT AVE.  
 UNIT "H"  
 TAMPA FL 33614-7728  
 US

Mailing Address

P.O. BOX 151632  
 P.O. BOX 151632  
 TAMPA FL 33684-1632  
 US

2. Principal Place of Business

**11514 PROSPEROUS DRIVE**

3. Mailing Address

**11514 PROSPEROUS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ODESSA, FL**

City & State

**ODESSA, FL**

Zip

**33556**

Country

**PASCO**

Zip

**33556**

Country

**PASCO**

4. FEI Number

**59-2891057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**STAIRS, TERRELL T.**  
**11310 CASTLEBERRY RD.**  
**ODESSA FL 33556**

7. Name and Address of New Registered Agent

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 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAIRS, TERRELL T. 11310 CASTLEBERRY RD. ODESSA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAIRS, LINDA M. 11310 CASTLEBERRY RD. ODESSA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIRS, HAROLD E., JR. 1880 SW 56TH AVE. PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LAFONTAINE, ROBERT S., I 9121 BERKSHIRE LN TAMPA FL 09 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

**Robert S. Lafontaine II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/11/00**

Daytime Phone #

**727-375-0666**