

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90513 040 ****61.25

DOCUMENT # N37868

1. Entity Name

NORTH PORT CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

**%CORD C MELLOR
13801 S TAMIAMI TRAIL
NORTH PORT FL 34287**

Mailing Address

**P.O. BOX 7041
NORTH PORT FL 34287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0211357**

Applied For

Not Applicable

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

**MELLOR, CORD C
13801-S TAMIAMI TRAIL
NORTH PORT FL 34287**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
REX, ROSE
3337 PINE SHADOW CIRCLE
NORTH PORT FL 34287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VSD
SHUTE, FRED
13355 C TAMIAMI TRAIL
NORTH PORT FL 34287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SHUTE, FRED
13355 C. TAMIAMI TRAIL
NORTH PORT, FL. 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
WHEAT, H. ANTHONY
4154 OZARK AVENUE
NORTH PORT FL 34287** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHARTRAND, KAREN
5280 BULLARD STREET
NORTH PORT, FL 34287** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRAHAMN, SUZANN
17506 BRIGHTON AVENUE
PORT CHARLOTTE FL 33953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VSD
GRAHAM, SUZANNE
17506 BRIGHTON AVENUE
PORT CHARLOTTE, FL. 33953** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

941-426-1489

CR2E037 (10/02)