

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0457061 AV

DOCUMENT # P00000064400

1. Entity Name
CONTRACTED SERVICES, INC.

03-06-2002 90071 027 ***150.00

Principal Place of Business
13796 TERN LANE
CLEARWATER FL 33762

Mailing Address
13796 TERN LANE
CLEARWATER FL 33762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10460 Roosevelt Blvd.

3. Mailing Address
10460 Roosevelt Blvd.

Suite, Apt. #, etc.
#314

Suite, Apt. #, etc.
#314

City & State
ST PETERSBURG, FL

City & State
ST PETERSBURG, FL

4. FEI Number
59-3656663

Applied For
 Not Applicable

Zip
33716

Country
USA

Zip
33716

Country
USA

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

CORN, JOHN L
13796 TERN LANE
CLEARWATER FL 33762

Name
Corn, John L.

Street Address (P.O. Box Number is Not Acceptable)
10460 Roosevelt Blvd
#314

City
St. Petersburg

State
FL

Zip Code
33716

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 DATE **2/18/02**

Signature, typed or printed name of registered agent and title if 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 \$150.00
After May 1, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	CORN, JOHN L #314
STREET ADDRESS	13796 TERN LANE 10460 Roosevelt Blvd.
CITY-ST-ZIP	CLEARWATER FL 33762 St. Pete, FL 33716
TITLE	<input type="checkbox"/> Delete
NAME	CORN, SUSAN E.
STREET ADDRESS	10460 Roosevelt Blvd. #314
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10460 Roosevelt Blvd. #314
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	CORN, SUSAN E.
CITY-ST-ZIP	10460 Roosevelt Blvd #314 St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **2/18/02** DAYTIME PHONE #: **727/410-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)