

APPROVED
AND
FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT**

DOCUMENT # P00000089750

1. Entity Name

CONTRACTORS PUBLISHING INC.

Principal Place of Business

7827 DALE MABRY, SUITE 100
TAMPA FL 33614

Mailing Address

7827 DALE MABRY, SUITE 100
TAMPA FL 33614

2. Principal Place of Business

7821 N. DALE MABRY

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Address

7821 N. DALE MABRY

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

Zip

33614

Country

USA

4. FEI Number

59-3691475

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, OWEN

7827 DALE MABRY, SUITE 100

TAMPA FL 33614

Name

Owen Rogers

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

7821 N. DALE MABRY SUITE 200

City

FL

Zip Code

33614

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 Owen ROGERS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/01/01

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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HUARD, BRAD
STREET ADDRESS 35140 GRAND RIVER AVENUE
CITY-ST-ZIP FARMINGTON HILLS MI 48355TITLE D ☐ Delete
NAME ROGERS, OWEN
STREET ADDRESS 7827 DALE MABRY, SUITE 100
CITY-ST-ZIP TAMPA FL 33614TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300004698823-015
STREET ADDRESS -11/29/01--01058--014
CITY-ST-ZIP ****750.00 ****750.00TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7821 N. DALE MABRY, SUITE 200
CITY-ST-ZIP TAMPA, FL 33614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/01

Date

Daytime Phone #